


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000056472
 1. Corporation Name
SUN-J OF FLORIDA, INC.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **August 1, 1994** 3a. Date of Last Report **1995**

2. Principal Place of Business 2a. Mailing Address
 21 **8427 NW 61 STREET** 26 **12701 SW 68 LANE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **65-0507844** Applied For Not Applicable

22. City & State 27. City & State
 23 **MIAMI, FLORIDA** 28 **MIAMI, FLORIDA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24. Zip 25. Country 29. Zip 30. Country
33166 **DADE** **33183** **DADE**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent
Sally L Allen
12701 S W 68 Lane
Miami, FL 33183

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *Sally L Allen* **SALLY L ALLEN, PRES.**
 (NOTE: Registered Agent signature required when reinstating) DATE:

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

12. OFFICERS AND DIRECTORS

TITLE	President <input type="checkbox"/> DELETE
NAME	Sally L Allen
STREET ADDRESS	12701 S W 68 Lane
CITY-STATE-ZIP	Miami, FL 33183
TITLE	Vice President <input type="checkbox"/> DELETE
NAME	Ivonne Collada
STREET ADDRESS	661 E 53 Street
CITY-STATE-ZIP	Miami, FL 33013
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	400002083384
5.3 STREET ADDRESS	-02/11/97--01042--058
5.4 CITY-STATE-ZIP	***165.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an attachment with an address

SIGNATURE: *Sally L Allen* **Sally L Allen** **Feb. 3rd, 1997** **305-594-1819**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)