

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

FILED  
Jun 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000068557 (5)

1. Corporation Name

SUNNY INSURANCE AGENCY, INC.



Principal Place of Business

5534 SW 8 STREET  
MIAMI FL 33126

Mailing Address

5534 SW 8 STREET  
MIAMI FL 33134-2220

3. Date Incorporated or Qualified  
09/15/1994

3a. Date of Last Report  
02/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number  
65-0525945

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

CAMPBELL, CARMELA  
5534 SW 8 STREET  
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name EMILIO E. ZAPATA  
82 Street Address (P.O. Box Number is Not Acceptable)  
8735 S.W. 137 AV.  
83  
84 City MIAMI FL 85 Zip Code 33183

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/21/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME CAMPBELL, CARMELA  
STREET ADDRESS 5534 SW 8 STREET  
CITY-ST-ZIP MIAMI FL 33126 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, D  
1.2 NAME EMILIO E. ZAPATA  
1.3 STREET ADDRESS 8735 SW 137 AV.  
1.4 CITY-ST-ZIP MIAMI, FL 33183 ☐ Change ☒ Addition

2.1 TITLE D, S  
2.2 NAME EMMA L ENCINAS  
2.3 STREET ADDRESS 8735 SW 137 AV.  
2.4 CITY-ST-ZIP MIAMI, FL 33183 ☐ Change ☒ Addition

3.1 TITLE Y, T  
3.2 NAME CARLOS A SALCEDO  
3.3 STREET ADDRESS 14225 SW 57 LN  
3.4 CITY-ST-ZIP MIAMI, FL 33183 ☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, or on an attachment with an address.

SIGNATURE

Signature

5/21/97 (305) 444-1118

CR2E034 (9/96)