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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000068557 (5) SUNNY INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

5534 SW 8 STREET MIAMI FL 33126

5534 SW 8 STREET MIAMI FL 33134-2220

FILED Jun 03 1997 8:00am Secretary of State



2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. FE Number 65-0525945 Suite, Apt. #, otc. Suite, Apt. #, otc. Suite, Apt. #, otc. Suite, Apt. #, otc. City & State City & State City & State City & State Country Pip Country R. This corporation has liability for intaggible tax under s. 199.0 Added to Fee Added to Fee Country Pip Country R. This corporation has liability for intaggible tax under s. 199.0 Solve and Address of Current Registered Agent CAMPBELL, CARMELA 5534 SW 8 STREET MIAMI FL 33126 11, Pursuant to the provisions of Sections 697.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its regist 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 regist agent. I am family that are an ear registrations of Sections 67.0502 and 607.1508, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registration for the purpose of changing its regist of agent. I am family that are an ear registrations of Section 607.0505, Florida Statutes. SIGNATURE DEFINITION OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 Till E. P. D. Control of State of Change. State of Change	icable nal f de s s s s s s s s s s s s s s s s s s s
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NAME ETHMA L ENCINAS	
STREET ADDRESS 8735 SW 137 AV.	ļ
CITY-ST-ZIP Minn; FL 33183	
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NAME CARLOS A SALCEDO	
STREET ADDRESS 14225 SW 57 LN	
CITY-ST-ZIP MAMI FL 33183	
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.4. 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or truster 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.