
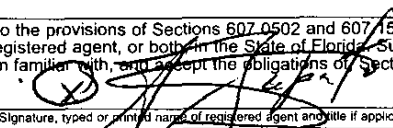


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90005 032 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P94000068557</b>			
1. Corporation Name <b>SUNNY INSURANCE AGENCY, INC.</b>			
Principal Place of Business 2156 NW 36TH ST MIAMI FL 33142 US		Mailing Address 2156 NW 36TH ST MIAMI FL 33142 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country	
3. Date Incorporated or Qualified 09/15/1994		4. FEI Number 65-0525945	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>ZAPATA, EMILIO E 8735 S.W. 137 AVE. MIAMI FL 33183</b>		10. Name and Address of New Registered Agent 81 Name <b>EMILIO E. ZAPATA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>9923 SW 133 PL</b> 83 84 City <b>Miami</b> FL 85 Zip Code <b>33186</b>	
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  DATE <b>1/12/99</b> (NOTE: Registered Agent signature required when reinstalling)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAPATA, EMILIO E 8735 S.W. 137 AVE. MIAMI FL 33183	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD EMILIO E. ZAPATA 9923 SW 133 PL Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ENCINAS, EMMA L 8735 S.W. 137 AVE MIAMI FL 33183	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SD EMMA L. ZAPATA 9923 SW 133 PL Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MIRANDA, LUIS E 11531 S.W. 90TH TERRACE MIAMI FL 33176	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

Date

(305) 6321118

Daytime Phone #

CR2E034 (11/98)