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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P94000069569 (9)

1. Corporation Name
SUNNY COMPONENTS CORP.

Principal Place of Business	Mailing Address
~~10691 N. KENDALL DR.~~ SUITE 201 MIAMI FL 33176	~~10691 N. KENDALL DR.~~ SUITE 201 MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1994
3a. Date of Last Report:

2. Principal Place of Business	21	10651 N. Kendall Dr	
	Suite, Apt. #, etc.	22	201
	City & State	23	Miami, FL
	Zip	24	33176
	Country	25	USA
2a. Mailing Address	26	10651 N. Kendall Dr.	
	Suite, Apt. #, etc.	27	201
	City & State	28	Miami, FL
	Zip	29	33176
	Country	30	USA

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $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

CORTEZ, SILVIO
~~10691 N. KENDALL DR.~~
SUITE 201
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 10651 N. Kendall Dr.
83
84 City: FL 85 Zip Code

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
(Signature, Typed or Printed Name of Registered Agent and Title if Agent is Corporation) (If Agent is a Corporation, Registered Agent's Authorized Officer Must Sign)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1 TITLE	[ ] Change [ ] Addition
NAME	DIAS, CLAUDINEI S	2 NAME	
STREET ADDRESS	RUA BUENOS AIRES, 444 APTO. 131	3 STREET ADDRESS	
CITY-ST-ZIP	CURITIBA, PARANA, BRASIL	4 CITY-ST-ZIP	
TITLE	VTD	7 TITLE	[ ] Change [ ] Addition
NAME	DA SILVA, CLAUDIO B	8 NAME	
STREET ADDRESS	RUA CAPITAO ARGEMIRO WANDERLEY, 845	9 STREET ADDRESS	
CITY-ST-ZIP	CURITIBA, PARANA, BRASIL	10 CITY-ST-ZIP	
TITLE		11 TITLE	[ ] Change [ ] Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE		15 TITLE	[ ] Change [ ] Addition
NAME		16 NAME	
STREET ADDRESS		17 STREET ADDRESS	
CITY-ST-ZIP		18 CITY-ST-ZIP	
TITLE		19 TITLE	[ ] Change [ ] Addition
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY-ST-ZIP		22 CITY-ST-ZIP	
TITLE		23 TITLE	[ ] Change [ ] Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY-ST-ZIP		26 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is subject to penalties for knowingly filing false reports with the Secretary of State, Section 817.155, 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: Claudio Dias da Silva 4/24/95 (305)273-8588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

010314A CP