## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

| ANNUAL REPORT 1996  | <b>39</b>   | y of State<br>CORPORATIONS   |  |
|---|---|--|--|
| DOCUMENT # P94  | 1000073784 (8)  |  |  |
| SUNSET LAWN MANAGEME  | ENT, INC.   |  |  |
| Principa! Place of Business   | Mailing Address   |  |  |
| 1611 S.W. 32ND AVENUE   | 1611 S.W. 32ND AVENU  | JE   |  |
| MIAMI FL 33145  | MIAMI FL 33145  |  |  |
|   | is a  |  | 3. Date of Last Report 10/05/1994 07/20/1995   |
| 2. Principal Place of Business  | 2a, Mailing Address   |  | 4. FE! Number   Applied For  |
| 19234 SW 112  | 4 1   | 160744   | 65-0528371 Not Applicable  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired \$8.75 Additional Fee Required  |
| City & State  | 27 City & State   |  | 6. Election Campaign Financing \$5.00 May Be   |
| 3 Mani Fla  | 28 Miani  | Fla  | Trust Fund Contribution C Added to Fees  |
| Zip Country   | Z <sub>ID</sub>   | Country  | 8. This corporation has liability for intangible tax under s. 199.032,   |
| 4 50 Q 25   | [29] うついし<br>Current Registered Agent   | 30 USA   | Florida Statutes YS Yes No  10. Name and Address of New Registered Agent   |
| g, Name and Address of  | Outrent neglatored Agent  | 81 Name  |  |
| VILLAAMIL, ANTHONY  |   | 82 Street Add  | ress (P.O. Box Number is Not Acceptable)   |
| 1611 S.W. 32ND AVENUE   |   |  |  |
| MIAMI FL 33145  |   | 83   |  |
|   |   | 84 City  | FL 65 Zip Code   |
| Signature 1yood or printed name of regis  12. OF FIC  TITLE D  PEPIN, ANDRE | ERS AND DIRECTORS   | 13. 1.1 TILLE 1.2 NAME   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| STREET ADDRESS 12940 S.W. 107TH TE  | ERRACE  | 1.3 STREET ADDRESS   |  |
| CITY-ST-ZIP MIAMI FL 33186  | To south  | 1.4 CHY-S1-7IP   | ☐ Change ☐ Addition  |
| TITLE   | ☐ DELETE  | 2 1 TITLE<br>2 2 NAME  | Change Addition  |
| NAME<br>STREET ADDRESS  |   | 2 3 STREET ADDRESS   |  |
| CITY - ST - ZIP   |   | 2.4 CITY - ST- 7(P   |  |
| TITLE   | ☐ DELETE  | 3 1 TITLE  | Change Addition  |
| NAME  |   | 3 2 NAME   |  |
| STREET ADDRESS  |   | 3.3 STREET ACCRESS  2.3.4 Crty-St-Zip  |  |
| CITY-ST-ZIP TITLE   | ☐ DELETE  | 4. 1 HILE  | Change Addition  |
| NAME  |   | 4.2 NAMÉ   |  |
| STREET ADORESS  |   | 4.3 STREET ADDRESS   |  |
| CITY - ST - ZIP   | [7] DELETE  | 4 4 C(1Y - SI - 7 F)<br>5 1 TITLE  | Change Addition  |
| TITLE   |   | 52 NAME  |  |
| STREET ADDRESS  |   | 5.3 STREET ADDRESS   |  |
| CITY-ST-ZIP   |   | 5 4 CHTY - ST - ZIP  | Filebook Filebook  |
| TITLE   | DETELE  | 6 1 TITLE  | Change Addition  |
| NAME<br>STREET ADDRESS  |   | 6.2 NAME<br>6.3 STREET ADDRESS   |  |
| CITY-SI-7IP   |   | 64 CITY - ST - ZIP   |  |
| 14. I do hereby certify that the information s                              | this annual report or supplemental annu<br>the corporation or the receiver or trustes | shed and does not qualify<br>all report is true and accure<br>empowered to execute the | for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further rate and that my signature shall have the same legal effect as if made under his report as required by Chapter 607, Florida Statutes, and that my name |
| SIGNATURE: and  | TYPED OF FRINTED NAME OF SIGNING OFFICE   |  | Date: Daylore Phone 1  |