

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 28 PM 3: 03

DOCUMENT # P94000086099 (6)

1. Corporation Name

SUNSHINE ON SUNSET INVESTMENTS, INC.

Principal Place of Business

51 S.W. 9TH STREET  
MIAMI FL 33130

Mailing Address

51 S.W. 9TH STREET  
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

65-0562688

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$6.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 198.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PUYANIC, MAX D  
51 S.W. 9TH STREET  
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

*Max Puyanic*

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

|                |                    |
|----------------|--------------------|
| TITLE          | D                  |
| NAME           | PUYANIC, MAX D     |
| STREET ADDRESS | 51 S.W. 9TH STREET |
| CITY, ST, ZIP  | MIAMI FL 33130     |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY, ST, ZIP  |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY, ST, ZIP  |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY, ST, ZIP  |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY, ST, ZIP  |                    |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                      |                                                                              |
|--------------------|----------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | VP, T                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Russell Bertold      |                                                                              |
| 1.3 STREET ADDRESS | PO Box 4211          |                                                                              |
| 1.4 CITY, ST, ZIP  | Princeton, FL 33092  | N/A                                                                          |
| 2.1 TITLE          | P                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | Richard Bertold      |                                                                              |
| 2.3 STREET ADDRESS | 28405 SW 170 Ave.    |                                                                              |
| 2.4 CITY, ST, ZIP  | Homestead, FL 33030  |                                                                              |
| 3.1 TITLE          | S                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Willis H. Flick, Jr. |                                                                              |
| 3.3 STREET ADDRESS | 9250 SW 90 ST.       |                                                                              |
| 3.4 CITY, ST, ZIP  | Miami, FL 33176      |                                                                              |
| 4.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                      |                                                                              |
| 4.3 STREET ADDRESS |                      |                                                                              |
| 4.4 CITY, ST, ZIP  |                      |                                                                              |
| 5.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                      |                                                                              |
| 5.3 STREET ADDRESS |                      |                                                                              |
| 5.4 CITY, ST, ZIP  |                      |                                                                              |
| 6.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                      |                                                                              |
| 6.3 STREET ADDRESS |                      |                                                                              |
| 6.4 CITY, ST, ZIP  |                      |                                                                              |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 amendment with an addition.

SIGNATURE:

*Willis H. Flick, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willis H. Flick, Jr.

3-17-95

Date

596-2211

Telephone Number