SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

96 SEP -9 AM 10:44
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000089471 (4)

1. Corporation Name

SUNSHINE CHILE TRADERS, INC.

Principal Place of Business	Mailing Address
1188 COACHWOOD CT LONGWOOD FL 32779	1188 COACHWOOD CT LONGWOOD FL 32779

3. Date Incorporated or Qualified: 12/09/1994
3a. Date of Last Report: 04/12/1995
4. FEI Number: 59-3282427 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 8001 S Orange Blsm Trl	26 8001 S. Orange Blsm Trl
Suite, Apt. #, etc. 22 Unit 776	Suite, Apt. #, etc. 27 Unit 776
City & State 23 Orlando, Fla	City & State 28 Orlando, Fla
Zip 24 32803 Country 25 USA	Zip 29 32803 Country 30 USA

5. Certificate of Status Desired ☐ — **$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

PHILLIPS, DAVID
1188 COACHWOOD CT
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name: Jerry Beavers
82 Street Address (P.O. Box Number is Not Acceptable): 846 Plato Avenue
83
84 City: Orlando FL 85 Zip Code: 32809

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 [signature] Jerry Beavers 8/5/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	President ☒ Change ☐ Addition
NAME	PHILLIPS, DAVID		1.2 NAME	Jerry Beavers
STREET ADDRESS	1188 COACHWOOD CT		1.3 STREET ADDRESS	846 Plato Ave
CITY-ST-ZIP	LONGWOOD FL 32779		1.4 CITY-ST-ZIP	Orlando, Fla. 32809
TITLE	D	☒ DELETE	2.1 TITLE	Vice President ☐ Change ☐ Addition
NAME	JORGENSEN, EDITH		2.2 NAME	
STREET ADDRESS	359 WESTWIND CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746		2.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	3.1 TITLE	[struck through] ☒ Change ☐ Addition
NAME	MARSHALL, JUANITA		3.2 NAME	[struck through]
STREET ADDRESS	2309 SEAN LN		3.3 STREET ADDRESS	[struck through]
CITY-ST-ZIP	LAKELAND FL 33803		3.4 CITY-ST-ZIP	[struck through] Orlando, Fla 3280[illegible]
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

400001[illegible]
-09/20/96--01021--011
****225.00 ****225.00

A. Alb Aug-9-96

14. I do 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Beavers 8-6-96 (407) 240-2440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)