

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000001705

1. Corporation Name

SUN HOLIDAY CRUISE SERVICES, INC.

Principal Place of Business

1775 NW 70 AVE  
MIAMI FL 33126

Mailing Address

1775 NW 70 AVE  
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1995

4. FEI Number

65-0551568

Applied For

Not Applicable

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 owes the current year  
Intangible Personal Property.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

ORDONEZ, RAFAEL A.  
1775 NW 70TH AVE  
SUITE 500  
MIAMI FL 33126

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME ORDONEZ, RAFAEL A  
STREET ADDRESS 1775 NW 70 AVE  
CITY-ST-ZIP MIAMI FL 33126

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 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.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

FILED  
Jul 22, 1999 8:00 am  
Secretary of State

07-22-1999 90008 041 \*\*\*150.00



P95000001705  
593585-90008-41

# *Sun Holiday Cruise Services, Inc.*

July 14, 1999

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sirs:

Just last week we received the "2<sup>nd</sup> Notice" for 1999 Profit Corporation Annual Report. I am relatively new in my position of Director of Finance & Administration. In addition to this we have had various turnover of personnel within our Accounting Department. Somehow, because of this, I believe the original form may have been misplaced or they were never received.

Accordingly, I respectfully request you waive the late penalties due to the extraordinary circumstances explained above.

We are enclosing a check for the original amount.

Should you require any additional information, I can be reached at (305) 592-8790 extension 1019.

I thank you in advance for your kindness and cooperation in this matter.

Sincerely,

CHALLENGER CATERING INC.

  
Jorge Lora  
Director of Finance & Administration

JL:mc

Enclosure