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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000010357 (8)

1. Corporation Name

SUN PARTS MANAGEMENT, INC.



Principal Place of Business

1125 N.W. 71ST ST.
MIAMI FL 33150

Mailing Address

1125 N.W. 71ST ST.
MIAMI FL 33150

2. Principal Place of Business

21 12250 N.W. 14TH AVE.

Suite, Apt. #, etc.

22 Suite # 2000

City & State

23 N. Miami Beach

Zip

24 33161

Country

25 USA

2a. Mailing Address

26 12250 N.W. 14TH AVE.

Suite, Apt. #, etc.

27 Suite # 2000

City & State

28 N. Miami Beach

Zip

29 33161

Country

30 USA

9. Name and Address of Current Registered Agent

OSHEROFF, MARC A
1125 N.W. 71 ST.
MIAMI FL 33150

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 607.1006, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

Date

12. OFFICERS AND DIRECTORS

[] DELETE

TITLE

D

NAME

OSHEROFF, MARC A

STREET ADDRESS

1125 N.W. 71 ST.

CITY-STATE-ZIP

MIAMI FL 33150

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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TITLE

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NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[X] Change [] Addition

1. TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2. TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3. TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4. TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5. TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6. TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 officer or director 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Officer or Director

CR2E034 (12/95)