FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000011599 (4)

SUN SEASON, INC.

Principal Place of Business

2441 SWANSON AVENUE COCONUT GROVE FL 33133 Mailing Address

2441 SWANSON AVENUE COCONUT GROVE FL 33133-3938

FILED May 12 1997 8:00am Secretary of State



		. •									
							3. Date Incorporated or Qualified 02/06/1995	.1			
	lace of Business	2a. Maitir	2a, Mailing Address				4. FEI Number		Ar	optied For	
21		26 54				6 30.	<u>ተ 65-0558357</u>				
Sulte, Apt.	#, etc.		Suite, Apf. #, etc.				5. Certificate of Status Desired See Regulred Fee Regulred				
City & State		27 City 6	State					*		<u> </u>	
23	u	28 C	s blate	Beal	しと	\mathcal{I}	6. Election Campaign Financing			May Be to Fees	
Zip	Country	ZBJ V V	7.81.77		ountry	,	Trust Fund Contribution 8. This corporation has liability for				
24	25	29 3 7	140	30		5 1	Florida Statutes	Yes □ N		. 199.032,	
	g, Name and Address of Curre	1	Agent		Ī		10. Name and Address of New				
ARIAS, ELIZABETH					81 Name						
	1 SWANSON AVENUE		82 Street At			Street Art	Address (P.O. Box Number is Not Acceptable)				
COC	CONUT GROVE FL 33133					Direct Au	duress (F.O. Dox Number is Not Acceptable)				
					83						
			-		84	City		F. 8:	Z ip	Code	
## Purcuant	to the provinions of Sections 607.06	02 and 607 160	9 Florido Ctat	uton the	about	0 nomed or	orporation submits this statement for the	PL	polpo il	u sociatorad	
office or r	registered agent, or both, in the Stat	te of Florida, Suc	ch change was	s authoriz	ed by	vithe corpor	ration's board of directors. I hereby ac	ept the appointr	nging ii nënt as	registered registered	
	m familiar with, and accept the obli	gations of, Secti	on 607.0505, I	Horida Si	latutes	S.					
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applica	able. (No	OTE: Rogiste	ered Age	ent signature red	guired when reinstating)	DATE			
12.		ND DIRECTORS		13			ADDITIONS/CHANGES TO OF		ECTOR	RS IN 12	
TITLE	D		DELETE	1.1	TITLE				Change	Addition	
NAME	arias, elizabeth			1.2	NAME						
STREET ADDRESS	2441 SWANSON AVENUE			1.3	STREET	ADDRESS					
CITY-ST-ZIP	COCONUT GROVE FL 33133	 		1.4	CITY - S	31 - ZIP					
TITLE	D		DELETE"	2.1	TITLE				Change	Addition	
NAME	WOODALL, HARDY			2.2	NAME						
STREET ADDRESS	2441 SWANSON AVENUE			2.3	STREET	ADDRESS					
CITY-ST-ZIP	COCONUT GROVE FL 33133	·			CITY-	ST-ZIP			·	~~ ~~	
TITLE			DELETE		TITLE			Ц	Change	Addition	
NAME					NAME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			DELETE		CITY-	S1-ZIP			Change	Addition	
NAME					THE				Charige	LJ AUUIDD	
STREET ADDRESS					S NVME	ADDOLEO					
***************************************						ADDRESS					
CITY-ST-ZIP			DELETE		CITY-S	or-ZiP			Change	Addition	
NAME			Part Present		NAME			L	o io igo	ridonoli L	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP					CITY-S						
TITLE			DELETE		TITLE	71 - 417	······································		Change	Addition	
NAME					NAME				-0-		
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP					CITY-S	·					

I do 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.

4/20/47

215 201-5420