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 # P95000013601 (6)

SUN PRODUCTIONS CORP.

Principal Place of Business 5445 COLLINS AVENUE CU-8		.	Mailing Address 5445 COLLINS AVE			. 199(199) 110 1911(1 251) 4011			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		5445 COLLINS AVE CU-8								
MAMI BEACH FL 33140 MIAMI BEACH FL 33140-25 US US			3140-2568							
						3. Date Incorporated or Qualified 3a. Date of La			eport	1
						02/16/1995	02/28/1996			
2. Principal F	hace of Business	2a. Mailing Addres	2a. Mailing Address			4. FEI Number	!	Ap	plied For	1
21		26	26			65-0557280 Not Applicable]
Suite, Apt #, etc			Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional				1
22		27				0. 35.11.02.0 07 5.13.00 030.100		Fee Re		1
City & State			City & State			Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution		Added t	o Fees	1
Zip 24	Country Zip 25 29			untry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
g. Name and Address of Current Registered Agent						10. Name and Address of New Re	10. Name and Address of New Registered Agent			
THO	MAS, RONALD A			B1	Name					
5415 COLLINS AVENUE				82	82 Street Address (P.O. Box Number is Not Acceptable)					┨
APT. 302										
MIA	MI BEACH FL 33140			83						7
				84	City		1,	5 Zip (Code	4
				57	City		FL!	AD ZAD C	J006	
office or agent 1 a	to the provisions of Sections 607.0 registered agent or both, in the St am familiar with, and accept the ob	0502 and 607, 1508, Florida ale of Florida. Such chang ofigations of, Section 607.0	Statutes, the a e was authorize 505, Florida Sta	above ed by atutes	named co the corpor	propration submits this statement for the ration's board of directors. I hereby acce	ourpose of ch pt the appoin	anging its tment as	s røgistered registered	1
SIGNATURE	Signature, typed or printed name of registered	agen; and life if applicable	(NOTE Benister	ed Ane	nt signature reg	guired when reinstating)	DATE			
12.										1
TITLE	D	☐ DEt		1.1 TITLE				Change	Addition	
NAME	THOMAS, RONALD A		1.2	NAME						
STREET ADDRESS	5415 COLLINS AVENUE, AF	T. 302	1,3 :	STREET	ADDRESS					
CITY - ST - ZIP	1-ZIP MIAMI BEACH FL 33140		1,41	1.4 CITY-ST-ZIP						18
TITLE	D	DEL	TE 21	IITLE				Change	Addition	
NAME	THOMAS, MARCIA		221	NAME	1	-	tas			
STREET ADDRESS	5415 COLLINS AVENUE, AF	PT. 302	23	STREET	ADDRESS					
CITY-ST-ZIP				2 4 CITY - ST - ZIP						
TITLE	0	DEL	ETE 31	TITLE				Change	Addition	1
NAME	GEVERT, LUCIANA L	₹ ₹	3.2	NAME]	•				1
STREET ADDRESS	745 N.E. 195TH ST		3.3	STREET	ADDRESS		*			
CITY-ST-ZIP	N. MIAMI BEACH FL		3.4.	CITY - 9	ST-ZIP					

CITY - ST - ZIP 6.4 CITY - ST - ZIP lied with the filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name, or the appartachment with an address. 14. If do hereby certify that the information sup-information indicated on this angulal report I am an officer or director of the corporation t am an officer or director of the appears in Block 12 or Block

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

DELETE

Change

Change

☐ Change

Addition

Addition

Addition

FILED

Jan 29 1997 8:00am

Secretary of State