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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # (P95000027689 (5))

1. Corporation Name
MIAMI SUN FESTIVAL, INC.

Principal Place of Business

121 S E 1 ST
SUITE 717
MIAMI FL 33174
US

Mailing Address

1602 ALTON RD
SUITE 577
MIAMI BEACH FL 33139-2421
US

3. Date Incorporated or Qualified
04/04/1995

3a. Date of Last Report
07/08/1996

2. Principal Place of Business

21 121 S.E. 1st Street

2a. Mailing Address

26

Suite, Apt. #, etc.

22 SUITE 714

Suite, Apt. #, etc.

27

City & State

23 MIAMI, FL

City & State

28

Zip

24 33174

Country

25 USA

Zip

29

Country

30

4. FEI Number

65-0576596

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BOSSANT, OLIVER
1602 ALTON ROAD, STE. 577
MIAMI BEACH FL 33139

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 DP
NAME BOSSANT, OLIVER
STREET ADDRESS 2150 PARK AVE., #12
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ DELETE

TITLE DVS
NAME FUMAGALLI, MARGARITA R
STREET ADDRESS 2150 PARK AVE., #12
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ DELETE

TITLE DC
NAME CRUZ DE FUMAGALLI, OLGA
STREET ADDRESS SISLEY 137-139
CITY-ST-ZIP SAN BORJA, LIMA, PERU

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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.

SIGNATURE: X

[Signature]

x 06/20/97

CR2E034 (9/96)