

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90064 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 199		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **P95000027689 (5)** ✓
1. Corporation Name
MIAMI SUN FESTIVAL, INC.

Principal Place of Business Mailing Address

1260 SW 23 ST
MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 29. Country

25. Country 30. Country

9. Name and Address of Current Registered Agent

BOSSANT, OLMER
1260 SW 23 ST
MIAMI, FL 33145

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 607.0506, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when relinquishing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **BOSSANT, OLMER**

STREET ADDRESS **2150 PARK AVE., #12**

CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ DELETE

NAME **FUMAGALLI, MARGARITA R**

STREET ADDRESS **2150 PARK AVE., #12**

CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ DELETE

NAME **CRUZ DE FUMAGALLI, OLGA**

STREET ADDRESS **SISLEY 137-139**

CITY-ST-ZIP **SAN BORJA, LIMA, PERU**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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 for the receiver or to stop 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, and my name appears in Block 13 if changed.

SIGNATURE

[Signature]

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 (305) 273-3474

DATE

Desktop Form 1 0197007

CP2E034 (10/97)