

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

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**Mar 19 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 # P95000057038 (8)**

1. Corporation Name  
**SUNSHINE NO. 90, INC.**



Principal Place of Business

**8675 NW 53RD STREET  
STE 109  
MIAMI FL 33166**

Mailing Address

**8675 NW 53RD STREET  
STE 109  
MIAMI FL 33166-4512**

3. Date Incorporated or Qualified <b>07/21/1995</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>65-0646539</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**ALVAREZ, MAXIMO  
8675 NW 53RD STREET  
STE 109  
MIAMI FL 33166**

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 and hereby enter into and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURES: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	<b>PSTD ALVAREZ, MAXIMO</b>	13.1 TITLE	
12.2 STREET ADDRESS	<b>8675 NW 53RD STREET</b>	13.2 NAME	
12.3 CITY-STATE-ZIP	<b>MIAMI FL 33166</b>	13.3 STREET ADDRESS	
12.4 TITLE		13.4 CITY-STATE-ZIP	
12.5 NAME		13.5 TITLE	
12.6 STREET ADDRESS		13.6 NAME	
12.7 CITY-STATE-ZIP		13.7 STREET ADDRESS	
12.8 TITLE		13.8 CITY-STATE-ZIP	
12.9 NAME		13.9 TITLE	
12.10 STREET ADDRESS		13.10 NAME	
12.11 CITY-STATE-ZIP		13.11 STREET ADDRESS	
12.12 TITLE		13.12 CITY-STATE-ZIP	
12.13 NAME		13.13 TITLE	
12.14 STREET ADDRESS		13.14 NAME	
12.15 CITY-STATE-ZIP		13.15 STREET ADDRESS	
12.16 TITLE		13.16 CITY-STATE-ZIP	
12.17 NAME		13.17 TITLE	
12.18 STREET ADDRESS		13.18 NAME	
12.19 CITY-STATE-ZIP		13.19 STREET ADDRESS	
12.20 TITLE		13.20 CITY-STATE-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 included 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:** \_\_\_\_\_ **3-5-97** **305-477-5800**  
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR DAY PHONE #

CR2E034 (9/96)