

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000059233 (3)**

1. Corporation Name

SUNSHINE ROPE SUPPLIES, INC.



Principal Place of Business

**20938 SW 124 AVE RD
MIAMI FL 33177**

Mailing Address

**20938 SW 124 AVE RD
MIAMI FL 33177**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

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Zip

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Country

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3. Date Incorporated or Qualified

08/01/1995

3a. Date of Last Report

4. FEI Number

65-0597616

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**CEARRA, JUAN B
20938 SW 124 AVE RD
MIAMI FL 33177**

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 Director of corporation

(If not, Registered Agent's signature required when not listed above)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
CEARRA, JUAN B
20938 SW 124 AVE RD
MIAMI FL 33177**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

☐ Change ☐ Addition

2. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

☐ Change ☐ Addition

3. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

☐ Change ☐ Addition

4. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

☐ Change ☐ Addition

5. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

☐ Change ☐ Addition

6. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN B CEARRA

4/25/96 (305) 235-0733
Date Daytime Phone #

CR2E034 (12/95)