

FILE NOW. FILING FEE IN TEST MAIL TO \$220.00

**PROFIT CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # **P 95000067976**

1. Corporation Name
Sun International Data, Ltd., Corp.

Principal Place of Business

Mailing Address

**4141 N. Miami Ave Ste 201
Miami, FL 33137**

**c/o Carolyn Pedersen
3111 Stirling Rd.
Ft. Lauderdale, FL 33312**

2. Principal Place of Business

2a. Mailing Address

**4141 N. Miami Ave.
Ste 201
Miami, FL**

**c/o Carolyn Pedersen
3111 Stirling Rd.
Ft. Lauderdale, FL**

City & State

City & State

Miami, FL

Ft. Lauderdale, FL

2b. Zip

Country

Zip

Country

33137

U.S.A.

33312

U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

09/01/95

N/A

4. FEI Number

☒ Additional Fee Required
☐ 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. 199.03, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

Carolyn Pedersen

CAROLYN PEDERSEN

4/22/96

Signature of Current Registered Agent (If not the same as the corporation's officer or director, attach a separate statement of appointment.)

Signature of New Registered Agent (If not the same as the corporation's officer or director, attach a separate statement of appointment.)

Date

12. OFFICERS AND DIRECTORS

TITLE	1.1 TITLE	☐ DELETE
NAME	1.2 NAME	
STREET ADDRESS	1.3 STREET ADDRESS	
CITY, ST, ZIP	1.4 CITY, ST, ZIP	
TITLE	2.1 TITLE	☐ DELETE
NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	
CITY, ST, ZIP	2.4 CITY, ST, ZIP	
TITLE	3.1 TITLE	☐ DELETE
NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	
CITY, ST, ZIP	3.4 CITY, ST, ZIP	
TITLE	4.1 TITLE	☐ DELETE
NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	
CITY, ST, ZIP	4.4 CITY, ST, ZIP	
TITLE	5.1 TITLE	☐ DELETE
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY, ST, ZIP	5.4 CITY, ST, ZIP	
TITLE	6.1 TITLE	☐ DELETE
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY, ST, ZIP	6.4 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	☐ Change ☒ Add
1.2 NAME	Lu, Congmai
1.3 STREET ADDRESS	4141 N. Miami Ave. Ste 201, Miami, FL 33137
1.4 CITY, ST, ZIP	33137
2.1 TITLE	☐ Change ☐ Add
2.2 NAME	Sun, Qingjun
2.3 STREET ADDRESS	4141 N. Miami Ave. Ste 201, Miami, FL 33137
2.4 CITY, ST, ZIP	33137
3.1 TITLE	☐ Change ☐ Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Add
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

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***200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 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:

Lu, Congmai
Lu, Congmai Dir. 4/22/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CD0004 (12/95)

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5.1