

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 # P95000071359 (0)

1. Corporation Name

SUNTOUR IMPORT & EXPORT CORP.

Principal Place of Business

520 BRICKELL KEY DRIVE  
SUITE 0-301  
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DRIVE  
SUITE 0-301  
MIAMI FL 33131



2. Principal Place of Business

21 501 Brickell Key Drive

2a. Mailing Address

26 501 Brickell Key Drive

Suite, Apt. #, etc.

22 Suite 400

Suite, Apt. #, etc.

27 Suite 400

City & State

23 Miami, Florida

City & State

28 Miami, Florida

Zip

24 33131

Country

25 U.S.A.

Zip

29 33131

Country

30 U.S.A.

3. Date Incorporated or Qualified

09/15/1995

3a. Date of Last Report

4. FEI Number

☒ 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

10. Name and Address of New Registered Agent

SLOSBERGAS, NELSON  
520 BRICKELL KEY DRIVE  
SUITE 0-301  
MIAMI FL 33131

81 Name

SLOSBERGAS, NELSON

82

Street Address (P.O. Box Number is Not Acceptable)  
501 Brickell Key Drive

83

Suite 400

84

City  
Miami,

FL

85

Zip Code  
33131

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME PINTO, MARCIO C  
STREET ADDRESS 520 BRICKELL KEY DR. SUITE 0-301  
CITY-ST-ZIP MIAMI FL 33131

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

DPS ☒ Change ☐ Addition  
PINTO, MARCIO C  
501 Brickell Key Drive, Suite 400  
Miami, Florida 33131

TITLE D ☐ DELETE

NAME SIBERIOUX, ACHESON  
STREET ADDRESS 520 BRICKELL KEY DR. SUITE 0-301  
CITY-ST-ZIP MIAMI FL 33131

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

DVPT ☒ Change ☐ Addition  
SIBERIOUX, ACHESON  
501 Brickell Key Drive, Suite 400  
Miami, Florida 33131

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcio Pinto 4/19/96 374-0000

CR02034 (12/95)