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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000079576 (1)

1. Corporation	-		0010010 (1)	,		
SUN T	RADE GR	OUP, INC.				
Principal Place of Business Mailing Address				,-		
1540 WEST FLAGLER STREET 1540 WEST FLAGLER STI				TREET		maongmpor
MIAMI FL 33135 MIAMI FL 33135						DO NOT WRITE IN THIS SPACE
						3./Date Incorporated or Qualified
						/ 10/17/1995
2. Principal	Place of Busi	ness	2a. Mailing Address	•	·	4 FEI Number Applied For
21			26			-28 5044778 65 - 0629026 Not Applicable
Suite, Apt	i. #, <b>9</b> tc.		Suite, Apt. #, etc.			5. Certificate of Status Desired
City & Sta	nte		City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23			28			Trust Fund Contribution Added to Fees
Zip			Zip			8. This corporation owes or has paid the current year Intangible
24	25 29			30		Personal Property Tax due June 30. Yes No
			rent Registered Agent		1 Name	10. Name and Address of New Registered Agent
RUNDLE, CHRISTOPHER M					Name	
3929 PONCE DE LEON BLVD.				18	Street Add	dress (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134				E	3	
				ļ		
					4 City	FL 85 Zip Code
11. Pursuant	t to the provis	ions of Sections 607.0	502 and 607.1508, Florida Stati	ites, the abo	ve-named cor	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
agent. I	am f <b>a</b> miliar w	ith, and accept the ob	ligations of, Section 607.0505, F	lorida Statul	les.	ation's board of directors. Thereby accept the appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered agent and title if applicable (NC OFFICERS AND DIRECTORS			13.	deur eingegrande	ulred when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE		1.1 TITL		Change Addition	
NAME	8ELLO, PETER		1.2 NAM	E		
STREET ADDRESS				1.3 STR	ET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135		1.4 CITY-ST-ZIP			
TITLE	D		L DELETE	2.1 TIT).I		Change Addition
NAME	BELTRAN, CARLOS			2.2 NAM		
STREET ADDRESS	10 10 11 20 1 12 11 12 11 12 11				ET ADDRESS	
CITY-ST-ZIP	MIAMI F	MIAMI FL 33135			/-ST-ZIP	Change Addition
TITLE		L. VELLE		3.1 1114		Citatige C Notation
NAME Street address	ee e		3.2 NAME  3.3 STREET ADDRESS			
CITY-ST-ZIP				r-ST-ZIP		
TITLE	DELETE		4.1 T(T)		Change Addition	
NAME	_		4. 2 NAN		<del></del>	
STREET ADDRESS				4.3 STRE	ET ADDRESS	
CITY-ST-ZIP				4.4 CITY	-ST-ZIP	
TITLE	☐ DELETE			5.1 TITLE		☐ Change ☐ Addition
NAME	1			5.2 NAM	£	
STREET ADDRESS				5.3 STRE	ET ADDRESS	
CITY-ST-ZIP	<u> </u>		<b></b>	5.4 CITY		
TITLE			☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME					E	
STREET ADORESS	1			■ 6.3 STRE	ET ADDRESS	

64 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 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 as attachment with an address.

OMETINE COLORS SALLES

V 649-2717

R2E034 (10/97)

**FILED** 

Mar 02 1998 8:00am

Secretary of State