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 # P95000086002 (9)

che FILED

Apr 29 1998 8:00am Secretary of State

SUN P	PROPERTY MANAGERS, IN	ic.				
						. 4600 1646 1804 4000 4000 4000 166
Principal Plac	ce of Business	Mailing Address	. =			
1301 NE 191		1301 NE 191 STREET				
N. MIAMI BEACH FL N. MIAMI BEACH FL					DO NOT WRI	TE IN THIS SPACE
					3. Date Incorporated or Qualified	d
					11/08/1995	
	Place of Business	2s. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	# oto	Suite, Apt. #, etc.			65-0613274	Not Applicable
22		 	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing		
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Count	у	8. This corporation owes or has	paid the current year Intangible
24	[25]		30		Personal Property Tax due Ju	
	9. Name and Address of Curre	ant Registered Agent		Name	10. Name and Address of New I	Registered Agent
	EILAN, VITALIA M		Ľ	Name	,	
1301 NE 191 STREET N. MIAMI BEACH FL			6	82 Street Address (P.O. Box Number is Not Acceptable)		able)
N.	MIMMI DEACH FL		8	3		
			L			
			6	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abo	ve-namec	d corporation submits this statement for the	
agent la	registered agent, or both, in the Stat am familiar with, and accept the obli	e of Florida, Such change was all gations of, Section 607.0505, Flor	utnorizea t rida Statuti	by the cor es.	d corporation submits this statement for the rporation's board of directors. I hereby acc	ept the appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered a	pent and title if applicable (NOTE: ND DIRECTORS	Registered A	gent signatur	re required when reinstating)	DATE FICERS AND DIRECTORS IN 12
TITLE	DPS OFFICERS A	DELETE	1.1 TRTLE		ADDITIONS/CHANGES TO OF	Change Addition
NAME	MEILAN, VITALIA M		1.2 NAME			
STREET ADDRESS	1301 NE 191 STREET			T ADDRESS		
CITY - ST - ZIP	N. MIAMI BEACH FL		1.4 CITY	ST-ZIP	and the control of	
TITLE	D	☐ DELETE	2.1 FITLE			Change Addition
NAME	MEILAN, DAMAISY		2.2 NAME			
STREET ADDRESS	1301 NE 191 ST.		2.3 STREE	T ADDRESS		
CFTY-ST-ZIP	N. MIAMI BEACH FL	FT berese	2. 4 CITY	-ST-ZIP	1. 12. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	
TITLE	D	DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS	DIAZ, ALEXANDER 1301 NE 191 STREET		3.2 NAME			
CITY-ST-ZIP	N. MIAMI BEACH FL			T ADDRESS		
TITLE	11. MICANI BEACTITE	DELETE	3.4. CITY			Change Addition
NAME			4. 2 NAM	1		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.4 DITY-			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZNP		Tatiete	5.4 CITY-	ST-ZIP		[] At []
TITLE		DELETE	6.1 TITLE			Change Addition
NAME CTREET ADDRESS			6.2 NAME			
STREET ADDRESS CITY-ST-ZIP				T ADDRESS		
	certify that the information supplied	with this filing does not qualify for	6.4 CrTY-		ted in Section 119.07(3)(i), Florida Statutes.	. I further certify that the information

4. 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Plack 13 if chapter 609 or postification that the production of the receiver or trustee employed and the production of the receiver or trustee employed.

SIGNATURE: //talix M Mulay

1- 16-98

SPZE034 (10/97)