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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000002242 (1)

1. Corporation Name
GLOBAL OPERATION SUNSHINE, INC.

Principal Place of Business
1136 BRYN MAWR AVENUE
LAKE WALES FL 33853

Mailing Address
1136 BRYN MAWR AVENUE
LAKE WALES FL 33853-4304



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
01/02/1996

3a. Date of Last Report
N/A

4. FEI Number
59-3348859

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

AQUINO, DANILO P M.D.
1136 BRYN MAWR AVENUE
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ABRIGO, PEDRO
STREET ADDRESS 13219 59TH COURT NO.
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE D ☐ DELETE
NAME DAGDAG, AZUCENA A M.D.
STREET ADDRESS 9240 SW 102ND STREET
CITY-ST-ZIP MIAMI FL 33176

TITLE D ☐ DELETE
NAME AQUINO, MONICA A
STREET ADDRESS 9655 OAKWOOD DRIVE
CITY-ST-ZIP LAKE WALES FL 33853

TITLE D ☐ DELETE
NAME AQUINO, MELINDA A
STREET ADDRESS UNIVERSITY OF FLORIDA 21-403 GRAHAM HALL
CITY-ST-ZIP GAINESVILLE FL 32612-2101

TITLE D ☐ DELETE
NAME AQUINO, DANILO P M.D.
STREET ADDRESS 1136 BRYN MAWR AVENUE
CITY-ST-ZIP LAKE WALES FL 33853

TITLE D ☐ DELETE ☒ ADDITION
NAME MARTE VINZON
STREET ADDRESS JOST, CAMARINES NORTE
CITY-ST-ZIP PHILIPPINES

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME VIOLETA B. SALUD
1.3 STREET ADDRESS ONE WEST CENTRAL AVE SUITE 103
1.4 CITY-ST-ZIP LAKE WALES, FL 33853

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME MARTE VINZON
2.3 STREET ADDRESS JOST, CAMARINES NORTE
2.4 CITY-ST-ZIP PHILIPPINES

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 an attachment with an address.

SIGNATURE: *D. Aquino M.D.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/97

Date

941-676-8581

Daytime Phone #

CR2E034 (9/96)