


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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P96000002242 (1)

1. Corporation Name

GLOBAL OPERATION SUNSHINE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1136 BRYN MAWR AVENUE LAKE WALES FL 33853		Mailing Address 1136 BRYN MAWR AVENUE LAKE WALES FL 33853	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Country	
24		25	
29		30	
3. Date Incorporated or Qualified 01/02/1996			
4. FEI Number 59-3348859			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
85 Zip Code		FL	

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 D. Aquino M.D. DANILLO P. AQUINO M.D. 3/13/98
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 <input type="checkbox"/> DELETE	1.1 TITLE	CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIOLETA B SALUD	1.2 NAME	PEDRO ABRIGO
STREET ADDRESS	ONE WEST CENTRAL AVE SUITE 103	1.3 STREET ADDRESS	13219 5TH CT. N
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	MARTE VINZON <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTE VINZON	2.2 NAME	MARTE VINZON
STREET ADDRESS	DAET, CAMARINES NORTE	2.3 STREET ADDRESS	Same
CITY-ST-ZIP	PHILIPPINES	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	HEDY AQUINO SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AQUINO, MONICA A	3.2 NAME	HEDY AQUINO
STREET ADDRESS	9855 OAKWOOD DRIVE	3.3 STREET ADDRESS	9655 OAKWOOD DR
CITY-ST-ZIP	LAKE WALES FL 33853	3.4 CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AQUINO, MELINDA A	4.2 NAME	
STREET ADDRESS	UNIVERSITY OF FLORIDA 21-403 GRAHAM HALL	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32612-2101	4.4 CITY-ST-ZIP	
TITLE	X PRESIDENT <input type="checkbox"/> DELETE	5.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AQUINO, DANILO P M.D.	5.2 NAME	
STREET ADDRESS	1136 BRYN MAWR AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 an attachment with an address.

SIGNATURE: D. Aquino M.D. DANILLO P. AQUINO M.D. 3/18/98 941 676881