

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90089 025 ***150.00

DOCUMENT # P96000002242

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1996

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

PRESIDENT

2/10/99

Signature, typed or printed name of registered agent required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE
NAME ABRIGO, PEDRO
STREET ADDRESS 13219 59TH COURT N
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

1.1 TITLE DIRECTOR ☐ Change ☒ Addition
1.2 NAME MONICA AQUINO
1.3 STREET ADDRESS DOUGLAS COVE APT 416
1.4 CITY-ST-ZIP 2660 SW 37TH AVE
COCONUT GROVE, FL. 33133

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

2.1 TITLE DIRECTOR ☐ Change ☒ Addition
2.2 NAME WILLY N. GUZMAN
2.3 STREET ADDRESS 10 MAIN AVE SEVERINA INDUSTRIAL SUB
2.4 CITY-ST-ZIP KM 16 S.S. 1 HIGHWAY, PARANAGUR CITY
PHILIPPINES

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

3.1 TITLE DIRECTOR ☐ Change ☒ Addition
3.2 NAME AZUCENA ARCEBAL DAG-DAG
3.3 STREET ADDRESS 9240 SW 102ND ST
3.4 CITY-ST-ZIP MIAMI, 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

4.1 TITLE DIRECTOR ☐ Change ☒ Addition
4.2 NAME MANUEL ESTEBAN
4.3 STREET ADDRESS 3 WARWICK RD
4.4 CITY-ST-ZIP MT HOLLY, NJ 08060

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

DANILO P. AQUINO M.D. PRESIDENT

2/10/99

941 676 8581

Date

Daytime Phone #

CR2E034 (11/98)