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

P96000013626 (2) **DOCUMENT** #

SUNLIGHT INTERNATIONAL, INC.

Principal Place of Business Mailing Address 2204 N.W. 82 AVE. 2204 N.W. 82 AVE. MIAMI FL 33122 MIAMI FL 33122 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0652094 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SUN, CHI-HSUN 15070 SW 112TH TERRACE Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33196** 83 City 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 INGIE: Registered Agent signature regi red when reinstaling) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE CHI-HSUN, 1.2 NAME NAME 15070 SW 112TH TERRACE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33196** CITY-ST-ZIP 1.4 City-St-ZiP DELETE 21 TITLE Change ☐ Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Addition TITLE

14. Thereby certify that the information supplied with this filing doos 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 supplied 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 of the deceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

64 CITY-ST-ZIP

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME 6.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME STREET ADORESS

TITLE NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

City-St-ZiP

DELFTE

DELETE

3-06-98

FILED

Mar 12 1998 8:00am

Secretary of State

___ Addition

Addition

Change

Change