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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000017474

1. Corporation Name

1. Corporation						
SUN HOLDINGS INC.						
Orinainal Blace	o of Puninggo	Mailing Address				
Principal Place of Business Mailing Address 1255 WEST 46TH ST 1255 WEST 46TH ST						
3 3						
HIALEAH FL 33012 HIALEAH FL 33012						DO NOT WRITE IN THIS SPACE
US		US				3. Date incorporated or Qualifed 02/26/1996
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26			_		65-0648756 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required
City & State City & State						6. Election Campaign Financing \$5:00 May Be
23 28						Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		′	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	9. Name and Address of Curr	ent Registered Agent	30	\top		10. Name and Address of New Registered Agent
	5. Name and Address of Con-	ent Neglatered Agent		81	Name	TV. Hamo and houses of the same and the same
ROBAINA, JULIO A 1255 WEST 46TH ST				82	Street	Address (P.O. Box Number is Not Acceptable)
STE 3				83		
HIALEAH FL 33012						
				84	'	FL 85 Zip Code
office or re	egistered agent or both in the Stat	te of Florida. Such change wa	e authorize	an bv	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505,	Florida Sta	itutes	i.	500000 500000 5000000
SIGNATURE			OFF Brainten	4		raquired when reinstating) DATE
12.	Signature, typed or printed name of registered a OFFICERS A	AND DIRECTORS	13		nt signature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE		TITLE		☐ Change ☐ Addition
NAME	ROBAINA, JULIO A		1.21	NAME		
STREET ADDRESS			STREE	T ADDRESS		
CITY-ST-ZIP			CITY-S	T-ZIP		
TITLE	SV	☐ DELETE	2.1	2.1 TITLE		☐ Change ☐ Addition
NAME	022E.(1.2)		NAME			
STREET ADDRESS	1 120 11201 10111 01 012 0		2.3	2.3 STREET ADDRESS		
CITY-ST-ZIP			CITY-8	ST-ZIP	☐ Chance ☐ Addition	
TITLE		☐ DELETE		TITLE		Change Addition
NAME				NAME	T ADDOTOS	
STREET ADDRESS				STREE CITY-S	T ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE		TITLE	31-4F	☐ Change ☐ Addition
NAME		_ 521272		NAME		
STREET ADDRESS					T ADDRESS	
CITY-ST-ZIP				CITY-S		
TITLE	DELETE 5.† TI				☐ Change ☐ Addition	
NAME			5.2	NAME		
STREET ADDRESS			5.3	STREE	T ADDRESS	·
CITY-ST-ZIP			5.4	CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1	TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS		-a	6.3	STREE	TADDRESS	

14. I hereby certify that the information supplied with his 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 ecciver or trusted 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR