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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 28 1997 8:00am

Secretary of State

Daytime Phone #

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000018174 (8)

SUNSHINE EXPORT CONSULTANTS CORP.

Principal Place of Business Mailing Address 1925 EAST 4 AVENUE #2 1825 EAST 4 AVENUE #2 HIALEAH FL 33010 HIALEAH FL 33010-2700 3. Date Incorporated or Qualified 3a. Date of Last Report 02/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees 23 Country Country ZiD 8. This corporation has liability for intangible tax under s. 199.032, Yes I No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MORRAZ: TANIA-ILLANA 1925 EAST 4 AVENUE #2 1925 4 AVE #2 Street Address (P.O. Box Number is Not Acceptable) HALEAH FL 33010. HIAlenh FC 33010 83 City Zip Code 85 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. Lam familiarly by and accept the obligation of Section 607.0505. Florida Statutes.

SIGNATURE SIGNATURE ine of rightered agent any site. Fapp loable OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when reinstating) DATE 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) PRICIDINT SUCRITARY DELETE Change Addition TITLE 1.1 TITLE Gomes 1.2 NAME NAME 1925 E 4 AVE #2 STREET ADDRESS 1.3 STREET ADDRESS 330*10* 1.4 CiTY - ST - ZIP CITY-ST-Ziff DELETE ☐ Change Addition 1-11.5 2 1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CRY-ST ZIP Change DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-7IP 3.4. CITY - ST - ZIP Change Addition DELETE 4.1 TITLE 4. 2 NAME NAMÉ STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-7P DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST 2IP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 

14. If 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 suppremental 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: