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

) (CONTRACTOR CONTRACTOR OF THE CONTRACTOR OF TH

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000035194 (5)

SUNSHINE TAI'S CO.

SIGNATURE:

Principal Place of		Mailing Address		g inderindet ine imme mitte datet marte maide beide birde traffi sollt fellet	
12810 NW 6TH LN Miami Fl 33182		12810 NW 6TH LN Miami FL 33182-1160			
				3. Date Incorporated or Qualified 3a. Date of Last Report 04/19/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For Not Applied For Not Applied For	
Suite, Apt #, etc		26			
22		27		5. Certificate of Status Desired See Regulred Fee Regulred	
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 has liability for intaggible tax under s. 199,032,	
24	25	29	30	Florida Statutes Yes No	
	Name and Address of Curr	rent Registered Agent		10. Name and Address of New Registered Agent	
127 C/	Stetter, Mildred M Ameron Ct Jderdale FL 33326-3518		82 Street Ad 83 City	MAMI FL 85 30182	
11. Pursuant to the office or region agent. I arm for SIGNATURE	amiliar with, and accept the ob	ligations of, Section 607.0509	tatutes, the above-named covas authorized by the corpost, Florida Statutes. (NOTE, Registered Agent signature re	orporation submits this statement for the purpose of changing its registered tration's board of directors. I hereby accept the appointment as registered	
12.	·	AND DIRECTORS	13.	DADDUIONS/CHANGES TO OFFICERS AND DISECTORS IN 12	
TOLE		DELETE	1.1 TITLE	To Addition	
NAME			1.2 NAME	THI) CHINICHIN	
STREET ADDRESS			1.3 STREET ADDRESS	12810 NW 6 LAVE.	
CITY - ST - ZIP			1.4 CITY - ST - ZIP	MIAMI F/ 23/82	
THUE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	·	
CITY -ST - ZIP			2.4 CITY-ST-ZIP		
TELLE		DELETE	3.1 TITLE	Change Addition	
NAME			3 2 NAME		
STREET AUDRESS			3.3 STREET ADDRESS		
CITY: ST-7/2			3.4 CITY-ST-ZIP		
TITLE		L DELETE	4.1 TITLE	Change Addition	
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY -ST - ZIP			4.4 CITY-ST-ZIP		
THLE		☐ DELETE	51 TITLE	Change Addition	
NAME			5 2 NAME	4	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		D priere	5 4 CITY-ST-ZIP		
T-TLE.		L DELETE	1	Change Addition	
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZP			6 4 CITY- ST-ZIP		
information in Lam an office	id-cated on this annual report o	or supplemental annual report or the receiver or trustee em	t is true and accurate and the powered to execute this rep	ted in Section 119.07(3)(i), Florida Statutes, I further certify that the nat my signature shall have the same legal effect as if made under oath; tha port as required by Chapter 607, Florida Statutes; and that my name	