

FILED

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Jan 28 1998 8:00am
Secretary of State

1. Corporation Name

SUNSHINE INTEGRATED SYSTEMS, INC.

Principal Place of Business

Mailing Address

4255 NORTHWEST 128TH STREET
MIAMI FL 33054

4255 NORTHWEST 128TH STREET
MIAMI FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1996

4. FEI Number

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

☐ Yes ☐ No

29	29
g. Name and Address of Current Registered Agent	

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	KEISER, HARVEY
STREET ADDRESS	4255 NORTHWEST 128TH STREET
CITY - ST - ZIP	MIAMI FL 33054

CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY, ST. ZIP	

CITY-STATE-ZIP	TITLE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	

CITY - ST - ZIP	6.4 CITY - ST - ZIP
<p>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.</p>	

SIGNATURE:

NO MORE REQUIRED

1/18/95

2056879413

CR2E034 (10/97)