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

PROFIT CORPORATION **ANNUAL REPORT**

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000044774 (3)

SEA & SUN INTERNATIONAL, INC.

Principal Place of Business Mailing Address 7730 SW 68 TR 7730 SW 68 TR MIAMI FL 33143-2709 MIAMI FL 33143 3. Date Incorporated or Qualified 3a. Date of Last Report 05/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number ■ Applied For 21 26 Not Applicable Sulte. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Bo 23 \Box 28 Trust Fund Contribution Added to Fees Ζip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 30 Florida Statutes Yes No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BALLESTAS, ACHILLES 7730 SW 68 TR 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33143** 83 84 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, typed or printed name of registered agent and title it applicable (NOTE Registuree Agent a greature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) (6) TITLE DELETE Change Addition 1.1 TITLE VILLARES, JOSE C NAME 1.2 NAME **POST OFFICE BOX 1709** STREET ADDRESS 1.3 STREET ADDRESS HATO REY PR CITY-ST-ZIP 1.4 CHY - \$1- ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 C(1Y-\$1-ZIP DELETE TITLE 3 1 TITLE Chance Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. P NAME STREET ADDRESS 4.\$ STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE Change Addition 6.1 TIBLE NAME 6.2 NAME STREET ADDRESS **6 3 STREET ADDRESS**

14. I do hereby certify that the information supplied with this filing does not quainformation indicated on this annual report or supplemental annual report if I am an officer or director of the corporation or the receiver of trusted expeans in Block 12 or Block 13 if changed, or on an attact yient with a flac U-30-57

for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the true anti accurate and that my signature shall have the same legal effect as if made under oath, that wered to execute this eport as required by Chapter 607, Florida Statutes; and that my name

6.4 CITY-ST-ZIP