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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000047102 (4)

SUNSHINE INTERNATIONAL AIRWAYS CORPORATION

Principal Place of Business Mailing Address 13727 SW 152ND STREET STE 242 13727 SW 152ND STREET STE 242 MIAMI FL 33177-1106 MIAMI FL 33177-1106

FILED May 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/28/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 65-0674977 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Country Ζıp This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MUSIET, RICARDO 16823 SW 149TH AVENUE STE 242 Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33187 83 84 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. 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 it applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE MUSIET, RICARDO NAME 1.2 NAME STREET ADDRESS 16823 SW 149TH AVENUE 1.3 STREET ADDRESS MIAMI FL 33187 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE ΫD 2.1 TITLE MUSIET, PAUL NAME 2.2 NAME **16823 SW 149TH AVENUE** STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33187 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE MUSIET, MARIA D NAME 3.2 NAME **16823 SW 149TH AVENUE** STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33187** CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-ST-ZIP Change ___ DELETE 5.1 TITLE Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETÉ 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

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 attaching it with an address.

SIGNATURE:

2*5*4-6357