

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

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000052195 (0)

1. Corporation Name  
AUSTRALIAN SUN, INC.

Principal Place of Business

Mailing Address

7042 NW 46 ST.  
MIAMI FL 33166

7042 NW 46 ST.  
MIAMI FL 33166-5806



3. Date Incorporated or Qualified  
06/19/1996

3a. Date of Last Report  
FIRST ONE

2. Principal Place of Business

2a. Mailing Address

21 14847 BALGOWAN RD

26 14847 BALGOWAN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #101

27 #101

City & State

City & State

23 MIAMI LAKES FL

28 MIAMI LAKES FL

Zip

Country

Zip

Country

24 33016

25 DAGE

29 33016

30 DAGE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUTIERREZ, NOHORA  
7042 NW 46 ST.  
MIAMI FL 33166

81 Name

GUTIERREZ, NOHORA

82 Street Address (P.O. Box Number is Not Acceptable)

14847 BALGOWAN RD

83

#101

84 City

MIAMI LAKES

FL

85 Zip Code

33016

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

*Nohora Gutierrez*

4-28-97

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME GENARO, GIUSEPPE  
STREET ADDRESS 7042 NW 46 ST.  
CITY-STATE-ZIP MIAMI FL 33166

1.1 TITLE PRESIDENT  
1.2 NAME NOHORA GUTIERREZ  
1.3 STREET ADDRESS 14847 BALGOWAN RD #101  
1.4 CITY-STATE-ZIP MIAMI LAKES, FL 33016

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I 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 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.

SIGNATURE:

*Nohora Gutierrez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97 (305) 558-9272

Date

Daytime Phone #

CR2E034 (9/96)