

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000067652 1. Corporation Name SUNRUNNER'S IMPORT-EXPORT, INC			
Principal Place of Business 13953 SW 66 ST # 802B MIAMI, FL 33183-2282		Mailing Address 13953 SW 66 ST # 802B MIAMI, FL 33183-2282	
2. Principal Place of Business 21 GABLES INT'L PLAZA Suite, Apt. #, etc. 22 2655 LE JEUNE RD 4 FLR City & State 23 CORAL GABLES FL Zip 24 33134		2a. Mailing Address 26 GABLES INT'L PLAZA Suite, Apt. #, etc. 27 2655 LE JEUNE RD 4 FLR City & State 28 CORAL GABLES FL Zip 29 33134	
3. Date Incorporated or Qualified 08/14/1996		4. FEI Number 65-0689223	
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			
9. Name and Address of Current Registered Agent BRUDER, ROBERTO 600 NE 36 St # 1712 MIAMI, FL. 33137		10. Name and Address of New Registered Agent 81 Name MONICA F C MONTEIRO 82 Street Address (P.O. Box Number is Not Acceptable) 323 NAVARRE AVE # 301 83 301 84 City CORAL GABLES FL 85 Zip Code 33134	
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 <i>Monica F C Monteiro</i> MONICA F C MONTEIRO 8/7/97 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remanding) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P BRUDER, ROBERTO 600 NE 36 ST # 1712 MIAMI FL 33137 ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S SIQUEIRA, SERGIO JR 13953 SW 66 ST. #802B MIAMI FL 33183 ☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 199.12(3)(b), Florida Statutes. I further certify that the information included in 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. I am a duly authorized 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 the Florida Department of State's annual report to the public.

MONICA F C MONTEIRO PRES 8/7/98