

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90106 037 \*\*\*158.75

DOCUMENT # P96000067652

1. Corporation Name

SUNRUNNER'S IMPORT - EXPORT, INC.

Principal Place of Business

GABLES INT'L PLAZA  
2655 LE JEUNE RD., 4TH FLOOR  
CORAL GABLES FL 33134

Mailing Address

GABLES INT'L PLAZA  
2655 LE JEUNE RD., 4TH FLOOR  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1996

4. FEI Number

65-0689223

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

□

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

X

Yes □ No

2. Principal Place of Business

21 GABLES INT'L PLAZA  
Suite, Apt. #, etc.

22 2655 LE JEUNE RD., SUITE 400  
City & State

23 CORAL GABLES, FL  
Zip Country

24 33134 25 U.S.A.

2a. Mailing Address

26 GABLES INT'L PLAZA  
Suite, Apt. #, etc.

27 2655 LE JEUNE RD., SUITE 400  
City & State

28 CORAL GABLES, FL  
Zip Country

29 33134 30 U.S.A.

9. Name and Address of Current Registered Agent

C MONTEIRO, MONICA F  
323 NAVARRE AVE., #301  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

MONTEIRO, MONICA F.C.

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

GABLES INT'L PLAZA

83

2655 LE JEUNE RD., SUITE 400

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

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 PSD  
NAME MONTEIRO, MONICA F.C.  
STREET ADDRESS 323 NAVARRE AVE., #301  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D  
NAME CUNHA, BRENO  
STREET ADDRESS S.Q.S. 114 BL D APT 303  
CITY-ST-ZIP BRASILIA, DF 70.377-040 BRASIL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/D  
1.2 NAME MONTEIRO, MONICA F.C.  
1.3 STREET ADDRESS 2655 LE JEUNE RD., SUITE 400  
1.4 CITY-ST-ZIP CORAL GABLES, FL 33134

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 attachment with an address, with all other like empowered.

SIGNATURE:

Monica F.C. Monteiro

MONICA F.C. MONTEIRO

01.07.99

(305) 568-0104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)