2000 UNIFORM BUSINESS REPORT (UBR) Amended

DOCUMENT # P96000067652

1. Corporation Name:
SUNRUNNER'S IMPORT-EXPORT, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 18 AM 10:07

Principal Place of Business	Mailing Address
GABLES INTN'L PLAZA 2655 LE JEUNE RD., 4th Floor Coral Gables, FL 33134	GABLES INT'L PLAZA 2655 LE JEUNE RD., 4th Floor Coral Gables, FL 33134

2. Principal Place of Business	3. Mailing Address
25 S.E. 2nd AVE.	25 S.E. 2nd AVE.,
Suite, Apt. #, etc.: SUITE 410	Suite, Apt. #, etc.: SUITE 410
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33131 Country: U.S.A.	Zip: 33131 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0689223 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTEIRO, MONICA F.C.
2655 LE JEUNE RD, 4TH FLOOR
CORAL GABLES, FL. 33134

7. Name and Address of New Registered Agent

Name: VEGA, JOSE M.

Street Address (P.O. Box Number is Not Acceptable): 25 S.E. 2nd AVE., SUITE 410

City: MIAMI FL Zip Code: 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: REGISTER AGENT. Jose M. Vega, 5-19-2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD MONTEIRO, MONICA F.C. 2655 LE JEUNE RD., 4th Floor Coral Gables, FL 33134 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD VEGA, JOSE M. 25 S.E. 2nd AVE., SUITE 410 MIAMI, FL 33131 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose M. Vega 05. 19. 2000 (305) 539-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT.