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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

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

04-22-1999 90130 047 ***150.00

DOCUMENT # P96000080252 1. Corporation Name

SIGNATURE:

SUNSHINE READY, INC.

D 1 1 1 D1	-(D	Mailing Addrson		.		
Principal Place		Mailing Address		\		
6187 NW 167 ST H-19	d.,	6187 NW 167 ST H-19				
MIAMI FL 33015 US		MIAMI FL 33015		DO NOT WRITE IN THIS SPACE		
		US		3. Date Incorporated or Qualifed		
				09/27/1996		
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	App	olied For
21		26		65-0709152	Not	Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22	ويعتميه المنايية	27		5. Certificate of Status Desired	Fee Rei	quired
City & State	9	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added to	Fees
Zip	"Country	Zip	Country	8. This corporation owes the current		_
24	25	29	30	Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Reg	istered Agent	
LIEDA	VILLET DAYON A		81 Name			
	NANDEZ, RAMON A		82 Street Add	fress (P.O. Box Number is Not Acceptable	<u></u>	
	NW 82 AVE. #24				<u></u>	
MIAM	/II FL 33166		83			
			9.4 City		85 Zip C	nde
			84 City		FL S	,00 0
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorized by the corporati	poration submits this statement for the pur ion's board of directors. I hereby accept the	ne appointment as reg	gistered
agent, I an			ug Statutes.			
•		110115 01, 24011011 0011 10000, 7 1011	ud Statutes.			
SIGNATURE	Signature, typed or printed name of registered ager		Registered Agent signature require	ed when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: ID DIRECTORS		ed when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	
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SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN OPT HERNANDEZ, RAMON A	IT and title if applicable. (NOTE:	Registered Agent signature require		ERS AND DIRECTO	
SIGNATURE _	Signature, typed or printed name of registered ager OFFICERS AN DPT HERNANDEZ, RAMON A 1215 FAIRLAKE TRACE #1001	IT and title if applicable. (NOTE:	Registered Agent signature require 13. 1.1 TITLE		ERS AND DIRECTO	
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