**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** May 06 1998 8:00am FLORIDA DEPARTMENT O STATE CORPORATION Sandra B. Morth **ANNUAL REPORT** Secretary of State Secretary of Stat 1998 DIVISION OF CORPOR IONS P96000099550 (1) DOCUMENT # SUN DEV GROUP, INC. Principal Place of Business Mailing Address 20191 E. COUNTRY CLUB DRIVE 20191 E. COUNTRY CLUB DRIVE #PH-11 DO NOT WRITE IN THIS SPACE **AVENTURA FL 33180** AVENTURA FL 33180 3. Date Incorporated or Qualified 12/10/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0714959 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Čοι 8. This corporation owes or has paid the current year Intangible 29 □ No 24 25 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CAVALIERI, MAURIZIO 20191 E. COUNTRY CLUB DRIVE Street Address (P.O. Box Number is Not Acceptable) #PH-11 83 **AVENTURA FL 33180** City 85 Zip Code 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 algenture required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1 1 TITLE CAVALIERI, MAURIZIO NAME 1.2 NAME 20191 E. COUNTRY CLUB DR #PH-11 STREET ADDRESS 1.3 STREET ADDRESS **AVENTURA FL 33180** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 21 TITLE PAGGIN, GIORGIO 2.2 NAME **5757 COLLINS AVENUE SUITE 2309** STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP 2 4 CITY - ST - ZIP ☐ DELETE 3.1 TITLE ☐ Change ■ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE ☐ Change ■ Addition TITLE 6.1 TITLE

> 6.2 NAME 6.3 STREET ADDRESS

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.

04/27/98

NAME

STREET ADDRESS CITY-ST-ZIP

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CR2E034 (10/97