FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90078 006 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000101938

1. Corporation Name

SUN PAINTER, CORP.

Principal Place	e of Business	Mailing Address								
1 SOUTH PINE	ISLAND RD	1 SOUTH PINE ISLAND RD								
SUITE 214		SUITE 214	** ***= *			DO NOT WRITE IN THIS SPACE				
PLANTATION FL	L 33324	PLANTATION FL 33324 US	PLANTATION FL 33324			DO NOT WRITE IN THIS SPACE				
05		ŲS					-نىن		*******	
0 0-2210	la a di Divisia di A	2a. Mailing Address				12/17/1996 // 4. FEI Number	$\overline{}$	VAnn	lied For	
	lace of Business	— ·					H		Applicable	
21 Suite Ant	#	Suite, Apt. #, etc.				65-0712786	\$8		ditional	
Suite, Apt.	#, etc.	⊢				5. Certifcate of Status Desired -	T	ee Req		
22	, , , , , , , , , , , , , , , , , , , ,	City & State				o Et al. O anning Financing				
City & State	e ·	— ·	⊢ , ′			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
23 Tin	Country	Zip	Cour	ntr./					1 663	
Zip				iu y		8. This corporation owes the current year Intangible Personal Property Tax.				
24	25		30			10. Name and Address of New Registered				
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registered	Agent			
DEDI	ez Behar & Associates, inc	•		-						
	II SW 202TH TER	•	82 Street Add			ddress (P.O. Box Number is Not Acceptable)				
MAMI FL 33177			. 1							
IVILAIN	WI FL 331/1	-	·	83						
			ŀ	84	City		85	Zip Co	ode	
						<u> </u>				
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 auf	tnorizea	טע נו	ne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appoints	intment	as regi	stered	
SIGNATURE		(NOTE: 5	Desistered	Annat	elegature require	d when reinstating) DATE			— ì	
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	rygent	signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRI	ECTOF	S IN 12	
TITLE	DP	DELETE	1.1 TIT	LE.			☐ Ch		Addition	
NAME	PINO, RICARDO		1.2 NA						Į	
1		144	1		ADORESS				ĺ	
STREET ADDRESS	1 SOUTH PINE ISLAND RD 2	.14								
CITY-ST-ZIP	PLANTATION FL 33324	☐ DELETE	1.4 CIT		-ZIP		☐ Ch	ange	Addition	
TITLE	DV	_ Otter						9-		
NAME	1 1110, Inchian in			2 NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	PLANTATION FL 33324		2.4 CI		-ZIP				□ Addition	
TITLE		☐ DELETE	3.1 TIT				☐ Ch	ange	☐ Addition	
NAME			3.2 NA	ME					ĺ	
STREET ADDRESS			3.3 STI	REET	ADDRESS					
CITY-ST-ZIP			3.4. C	TY-ST	-ZIP					
TITLE	4.1.	DELETE .	4.1-TIT	ĽΕ	- ~	- · · -	Ch	ange	☐ Addition	
NAME			4. 2 NA	ME						
STREET ADDRESS	_	•	4.3 STI	REET	ADDRESS				İ	
CITY-ST-ZIP	· .		4.4 CIT	Y-ST-	-ZIP					
TITLE		☐ DELETE	5.1 T/T	LE			Ch	ange	Addition	
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 ST	REET	ADDRESS					
CITY-ST-ZIP			5.4 CIT	Y-ST	-ZIP					
TITLE	(43) 39/3	☐ DELETE	6.1 TIT	LΕ			Ch	ange	Addition	
NAME			6.2 NA	ME					1	

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 vector 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

THE WALL STORY

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR