

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1998 8:00am
Secretary of State

DOCUMENT # P97000015701 (0)

1. Corporation Name

SUNSET IMPORT & EXPORT CORPORATION



Principal Place of Business

Mailing Address

501 BRICKELL KEY DRIVE
SUITE 400
MIAMI FL 33131

501 BRICKELL KEY DRIVE
SUITE 400
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 8518 N.W. 70 Street

Suite, Apt. #, etc.

22 City & State

23 MIAMI, FL.

24 Zip

33166

Country

25 U.S.

2a. Mailing Address

26 8518 N.W. 70th St.

Suite, Apt. #, etc.

27 City & State

28 MIAMI, FL.

29 Zip

33166

Country

30 U.S.

3. Date Incorporated or Qualified

02/18/1997

4. FEI Number

65-0743614

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SLOSBERGAS, NELSON
501 BRICKELL KEY DRIVE
SUITE 400
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name CLAUDIA TAMANCOLOI

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

9084 SW. 132 LANE

83

84 City

MIAMI

FL

85 Zip Code

33176

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

CLAUDIA TAMANCOLOI x Claudia Tamancolo

4/24/98

Signature, typed or printed name of registered agent and title (if applicable)

(Not a Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D PS
STREET ADDRESS MAURO, ROBERTO
CITY-ST-ZIP 501 BRICKELL KEY DRIVE, SUITE 400
MIAMI FL 33131

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

☒ Change ☐ Addition

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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 my address.

SIGNATURE: + Claudia Tamancolo (Secretary) 4/24/98 (305) 717-5497