

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999		DI
JMENT #	Paznonase	167

DOCUMENT. Corporation Name

SUNSTRI	NE INVESTA	MENTS OF MIA	AMI, INC.								
Principal Place of Business 12501 NORTH KENDALL DR SIDE SUITE MIAMI FL 33186		12501 NORT SIDE SUITE	Mailing Address 12501 NORTH KENDALL DR SIDE SUITE MIAMI FL 33186			DO NOT WRITE IN THIS SPACE					
								 Date Incorporated or Qual 04/22/1997 	fed		
a Principal P	lace of Busines		2a. Mailing	Address				4. FEI Number		App	plied For
	013 SW 28 Street 26 10013 SW 28 S		STR	EET		65-0838846		Not	t Applicable		
Suite, Apt.			Suite, A	Apt. #, etc.			_	5. Certificate of Status Desire	d []	\$8.75 A Fee Re	
City & Stat	e		City &	State				6. Election Campaign Financ	ing 🖂	\$5.00	
23 MIAMI	, FL			AMI, FL				Trust Fund Contribution		Added to	o Fees
Zip	~	Country	Zip		Cour			a This corporation owes the	current year Inta	ingible ☑Yes	□No *
24 33165					30	USA		Personal Property Tax. 10. Name and Address of N	w Panistered		
	g, Name an	d Address of Curr	ent Registered A	gent		81 Name		TV. Ivallie alki Address Of N	- Kolistoi of i	-54111	
KON	IDLA, RICHARI	n F			L		2	OE M. SEIJAS			
i) NORTH KE					82 Street	Addre	ss (P.O. Box Number is Not Acc 10013 SW 28 STREE	eptable) T		
	SUITE	TOTALE DIT			-	83		LOUID DW ZO BIKEE			
1	MI FL 33186					9					
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				Find a Charles	- the eb		Loomo	TIAITI	the purpose of	changing its	registered
agent. I a SIGNATURE	Signature, typed or p	Sel Dr.	1	´) 2	OE M	. SEIJ	AS	ration submits this statement for i's board of directors. I heraby a	3/10/99 DATE		
	Signature, typed or p		gent and title if applicable		Registered /	gent signature	required v	when reinstating)			
12.	Signature, typed or p		dent and title if applicable AND DIRECTORS		13.			when reinstating) ADDITIONS/CHANGES TO		DIRECTO	RS IN 12
12. TITLE	D	OFFICERS A			13.	Ē	P	ADDITIONS/CHANGES TO		D DIRECTO	RS IN 12
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6.4 CITY-ST-ZP

14. I hereby cartify 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to exacute 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 attach flant with an address; with all other like empowered.

C	M	Λ	T:	ID	

SIGNATURE AND YPED OR PRINTED VAME OF SIGN

ZOE M. SEIJAS

3/10/99

305) 443-8500 Daystma Phone #

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90095 040 ***150.00