

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90089 031 ***150.00

DOCUMENT # P97000071870

1. Corporation Name
SUN REAL ESTATE OF MIAMI, INC.

Principal Place of Business
2601 NW LEJEUNE ROAD
MIAMI FL

Mailing Address
2601 NW LEJEUNE ROAD
MIAMI FL



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/19/1997

4. FEI Number
65-0798267

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1200 Brickell Avenue

Suite, Apt. #, etc.

27 Suite 900

23 City & State

City & State

28 Miami, Florida

24 Zip

Country

Zip

Country

29 33131

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMKGS REGISTERED AGENTS INC.
ONE SE THIRD AVE #1980
MIAMI FL 33131

81 Name
AGIM Registered Agents, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
1200 Brickell Avenue, Suite 900

83 MAI

84 City
Miami

FL

85 Zip Code
33131

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]
President

4/13/99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ORMENO CABRERA, JOAQUIN U
STREET ADDRESS 320 ATLANTIC ROAD
CITY-ST-ZIP KEY BISCAIYNE FL 33149

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ORMENO MALONE LUIS J
STREET ADDRESS 320 ATLANTIC ROAD
CITY-ST-ZIP KEY BISCAIYNE FL 33149

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ORMENO MALONE JULIO C
STREET ADDRESS 320 ATLANTIC ROAD
CITY-ST-ZIP KEY BISCAIYNE FL 33149

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ORMENO MALONE CECILIA M
STREET ADDRESS 320 ATLANTIC ROAD
CITY-ST-ZIP KEY BISCAIYNE FL 33149

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ORMENO MALONE MERCEDES I
STREET ADDRESS 320 ATLANTIC ROAD
CITY-ST-ZIP KEY BISCAIYNE FL 33149

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ORMENO MALONE MARIA D
STREET ADDRESS 320 ATLANTIC ROAD
CITY-ST-ZIP KEY BISCAIYNE FL 33149

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99

(305) 416 6800

CR2E034 (1/98)

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