

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90122 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000102129
 1. Corporation Name
SUN JUICE, INC.

Principal Place of Business 41 CASUARINA CONOURSE CORAL GABLES FL 33143	Mailing Address 41 CASUARINA CONOURSE CORAL GABLES FL 33143
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1405 SUNSET DRIVE Suite, Apt. #, etc.		2a. Mailing Address 26 41 CASUARINA CONOURSE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/01/1998	4. FEI Number 65-0799252	Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 CORAL GABLES, FLORIDA		27 City & State 28 CORAL GABLES, FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 33143 25 Country USA		29 Zip 33143 30 Country USA		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33143		10. Name and Address of New Registered Agent 81 Name JOY NARULA 82 Street Address (P.O. Box Number is Not Acceptable) 41 CASUARINA CONOURSE 83 84 City CORAL GABLES FL 85 Zip Code 33143	
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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 signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NARULA, TARA K 41 CASUARINA CONOURSE CORAL GABLES FL 33143	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 41 CASUARINA CONOURSE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NARULA, JOY 41 CASUARINA CONOURSE CORAL GABLES FL 33143	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 41 CASUARINA CONOURSE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS NARULA, ONKAR S 41 CASUARINA CONOURSE CORAL GABLES FL 33143	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 41 CASUARINA CONOURSE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NARULA, ONKAR S DR. 41 CASUARINA CONOURSE CORAL GABLES FL 33143	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NARULA, ONKAR S. 41 CASUARINA CONOURSE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joy Narula* JOY NARULA

2/4/99 (305)663-1548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)