

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
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90073 010 ***150.00

DOCUMENT # P98000053237

1. Corporation Name
SUN GROUP OF MIAMI, INC.

Principal Place of Business
2700 SW 3RD AVE. SUITE 2-D
MIAMI, FL 33129-2331

Mailing Address
2700 SW 3RD AVE. SUITE 2-D
MIAMI FL 33129-2331

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1998

4. FEI Number

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 9380 SUNSET DR

26 9380 SUNSET DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 B-130

27 B-130

City & State

City & State

23 MIAMI FL

28 MIAMI FL

Zip

Country

Zip

Country

24 33173

25 US

29 33173

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIRES, MANUEL E
2700 SW 3RD AVE, SUITE 2-D
MIAMI FL 33129-2331

81 Name

SIRES, MANUEL E

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

9380 SUNSET DRIVE

83

B-130

84 City

MIAMI

85

Zip Code

FL 33173

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 reinstating)

DATE

3/11/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME SIRES, MANUEL E
STREET ADDRESS 2700 SW 3RD AVE, SUITE 2-D
CITY-ST-ZIP MIAMI FL 33129-2331

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME SIRES, MANUEL E
1.3 STREET ADDRESS 9380 SUNSET DRIVE # B-130
1.4 CITY-ST-ZIP MIAMI, FL 33173 ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/99

305 596 1112

CR2E034 (11/98)

0183518