

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
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90085 030 ***158.75

DOCUMENT # P98000059105

1. Corporation Name

SUNNYVILLE CORPORATION

Principal Place of Business
2600 DOUGLAS RD., SUITE 406
CORAL GABLES FL 33134

Mailing Address
2600 DOUGLAS RD., SUITE 406
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1998

4. FEI Number

98-0115317

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

SPENCER, THOMAS R JR.
801 BRICKELL AVE., SUITE 1901
MIAMI FL 33131

81. Name

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

83.

84. City

FL

85. Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ANDRES, ISABEL G
STREET ADDRESS 801 BRICKELL AVE., SUITE 1901
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ DELETE

NAME ANDRES, JULIO G
STREET ADDRESS 801 BRICKELL AVE., SUITE 1901
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ DELETE

NAME ANDRES, OFELIA G
STREET ADDRESS 801 BRICKELL AVE., SUITE 1901
CITY-ST-ZIP MIAMI FL 33131

TITLE PR ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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 PRESIDENT ☐ Change ☒ Addition

1.2 NAME CARLOS E. GONZALEZ
1.3 STREET ADDRESS 2600 DOUGLAS ROAD, SUITE 406
1.4 CITY-ST-ZIP CORAL GABLES, FL 33134

2.1 TITLE TREASURER ☐ Change ☒ Addition

2.2 NAME SERGIO L. FERNANDEZ
2.3 STREET ADDRESS 2600 DOUGLAS ROAD, SUITE 406
2.4 CITY-ST-ZIP CORAL

3.1 TITLE SECRETARY ☐ Change ☒ Addition

3.2 NAME THOMAS R. SPENCER JR
3.3 STREET ADDRESS 801 BRICKELL AVE., SUITE 1901
3.4 CITY-ST-ZIP MIAMI - FL 33131

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)