PROFIT CORPORATION ANNUAL REPORT.

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90107 001 ***150.00

r. Corporation	MENT # P980000 SUNSHINE CORPORATION	080080					
Principal Place of Business Mailing Address					t (EBRIED) rik (Britt ibint bouts britt gerit gesie rann i	tatin aanta n	TIST MAIT LEEL
2999 N.E. 191ST STREET #900 2999 N.E. 191ST STREET #90					}		
AVENTURA FL 33180 AVENTURA FL 33180					DO NOT WRITE IN THIS SPA	VCE	
					3. Date Incorporated or Qualified	1011	
					09/15/1998		-
Principal Place of Business 2a. Mailing Address					4. FEI Number	App	lied For
21 26							Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					Le Cartifanto of Status Constant	8.75 A	
22					5. Certificate of Otatus Desired	Fee Rec	juired
City & State City & State						\$5.00 \	
23	28				Trust Fund Contribution	Added to	rees
Zip	Country				8. This corporation owes the current year Intangi Personal Property Tax.		□No Ì
24	9. Name and Address of Current		301		10. Name and Address of New Registered Age		
	S. Maine and Address of Current	registered rigerit	81	Name	10. 10.		
SCHIFFMAN, ADAM R ESQ.					(0.000)		
2999 N.E. 191ST STREET #900			82	Street A	ddress (P.O. Box Number is Not Acceptable)		}
AVENTURA FL 33180			83				
	•		84			5 Zip C	oda
		•	84	City	··· FL (°	S Zip C	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sta 					orporation submits this statement for the purpose of char ation's board of directors. I hereby accept the appointment	nging its reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Ager	nt signature req	uired when reinstating) DATE		(
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO	RS IN 12
TITLE	Direktor	Ekhor Delete 1:				Change	Addition
NAME	Eugen Wohllaib.		12 NAME	}			
STREET ADDRESS	ADDRESS 7000 ISIANO BIVO # TO S		1.3 STREET ADDRESS				}
CITY-ST-ZIP	Aventura FL-33160		1.4 CITY-ST-ZIP				PT A LUTTER
TITLE	•	☐ DELETE	2.1 TITLE	- (Ļ	Change	Addition
NAME			2.2 NAME				}
STREET ADDRESS			2.3 STREET	- 1			ł
CITY-ST-ZIP			2.4 CITY-5	37-2IP		Change	Addition
TITLE NAME	· • • • • • • • • • • • • • • • • • • •	- 1 Gottere	3.2 NAME		,		
STREET ADDRESS			3.3 STREET ADDRESS				}
CITY-ST-ZIP			3.4. CITY-ST-ZIP				-
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
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III. ST-ZIP			4.4 CITY-ST-ZIP				
		☐ DELETE	5.1 TITLE			Change	☐ Addition [
-	·		5.2 NAME				}
ADDRESS			5.3 STREET ADDRESS				
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		☐ DELETE	6.1 TITLE 6.2 NAME		. L.	Change	Addition (
				TADDEEC			, }
···:::::: ADDRESS	_		6.3 STREET ADDRESS)				
ST-ZIP	L <i></i>		0.4 CHY-S	1-41			أحجن

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 of 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 an antachment with an address, with all other like empowered.

Director