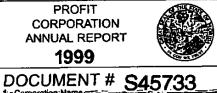
PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

FILED Mar 29, 1999 8:00 am Secretary of State 03-29-1999 90031 041 ***163.75

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SUN'S LIFE'S TOURISM & TRADE, INC.	
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Principal Place	of Business	Mailing Address					
2217 NEWT STE	REET	2217 NEWT STREET		\			
ORLANDO FL 3	O FL 32837-7422 ORLANDO FL 32837-7422			DO NOT WRIT	DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed				
				04/15/1991			
D. Chinainal Di	and of Duniages	2s. Mailing Address		4. FEI Number		pplied For	
_	ace of Business	<u></u>		59-3062084		lot Applicable	
Suite, Apt. 1	*	Suite, Apt. #, etc.			\$8.75	Additional	
	w, etc.	27		5. Certificate of Status Desired	Fee F	beniupat	
City & State		City & State		8. Election Campaign Financing	\$5.00) May Be	
23	•	28		Trust Fund Contribution	N.F	to Fees	
Zip	Country	Zip	Country	6. This corporation owes the curre	ent year Intangible		
24	25		30	Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curre			10. Name and Address of New R	legistered Agent		
81 Name							
产种种	OS, FRANKE		82 Street A	OS JOSE E.	hle)		
_5381	R HOFFNER ANE		1 339	ddress (P.O. Box Namber is Not Accepted 1-B HOHNEF AVE			
ORLANDO FL 32812				ne 1.6407 \ 831-0			
			1 12.5	RE \$12,0() 101,10		Cade	
_ '			84 80 F	lando fi	FL 85 32	812	
44 Duranant	to the armistons of Sections 607.05	02 and 607.1508. Florida Statute	s, the above-named c	orporation submits this statement for the	purpose of changing it	s registered	
office or n	egistered egent, or both, in the State	of Florida. Such change was au	thorized by the corpor	orporation submits this statement for the ration's board of directors. I hereby accept	t the appointment as t	egistereo	
agent. I ar	m familiar with, and accept the oblig	ations of, Section 607.0505, Figh	in Significant	ی کی	1/19/97.	~ }	
SIGNATURE Signature, typed or pringit starre bit registered againt and title if applicable. (NOTE: Registered Againt eignature required when reinstating) DATE							
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF			
MLE	PST	DELETE	1.1 TITLE		☐ Change	Addition	
NAME	FRANCO, FERNANDO		1.2 NAME			•	
STREET ADDRESS	2217 NEWT STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP				
TITLE	VD	☐ DELETE	21 TITLE		Change	Addition	
NAME	FRANCO, FERNANDO		2.2 NAME			Į	
STREET ADDRESS	2217 NEWT STREET		2.3 STREET ADDRESS				
	ORLANDO FL		2.4 CTTY-ST-20P				
CITY-ST-ZIP	ONENITOO I E	☐ DELETE	3.1 TITLE		☐ Change	Addition	
MANE	•		_ 3.2 NAME			\	
1 1	- · · · · · · · · · · · · · · · · · · ·		3.3 STREET ADDRESS		•		
STREET ADDRESS		•	3.4 CITY-ST-ZIP -	•			
CITY-ST-ZIP		. DELETE	4.1 TITLE		Change	Addition	
{			4. 2 NAME			ł	
NAME			4.3 STREET ADDRESS			ļ	
STREET ADDRESS			4.4 CITY-ST-ZIP			[
CITY-ST-ZIP	-	☐ DELETE	5.1 TITLE	•	☐ Change	☐ Addition	
TIFLE '		FT DEPEN	52 NAME		• •	ا ر	
NAME			5.3 STREET ADDRESS				
_STREET ADDRESS			54 CITY ST-ZIP			\	
CITY-ST-ZIP		DELETE	6.1 TITLE		Change	Addition	
TITUE			62 NAME				
NAME			8.3 STREET ADDRESS			l	
STREET ADDRESS	,		l i]	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	in Section 119.07(3)(i), Florida Statutes.	further certify that the	Information	
14. I hereby o	entity that the informatisfi supplied y	vith this filing does not qualify for	me-exemption stated	III accilon Traver(a)(I), Florida alatitida.	Committee on the property of		

polycourage and that my signature shall have the same legal effect as if made under cath; that I am an red to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: