FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 APR -6 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S49876

1. Corporation Name
SUNSHINE SWEETS, INC.

Principal Place of Business / Mailing Address
200 S.E. First Street
PH
Miami, FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 5/1/91
3a. Date of Last Report: 2/7/94

2. Principal Place of Business
21: 200 S. Biscayne Blvd.
Suite, Apt. #, etc. 22: Suite 4800
City & State 23: Miami, FL
Zip 24: 33131 Country 25:

2a. Mailing Address
26: 200 S. Biscayne Blvd.
Suite, Apt. #, etc. 27: Suite 4800
City & State 28: Miami, FL
Zip 29: 33131 Country 30:

4. FEI Number: 59-3067955 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
Peninsula Registered Agents, Inc.
200 S.E. First Street (PH)
Miami, FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd.
83: Suite 4800
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P Tovar, Jacobo 8520 NW 56th ST Miami, FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	S/T CONLIFFE, WINSTON W. 8520 NW 56th St MIAMI, FL ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S/T Astacio, Julio E., Jr. 8520 NW 56th St Miami, FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	S/T ASTACIO, JULIO E. JR. 8520 NW 56th ST. MIAMI, FL (Resigned) ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	300001451243 -04/07/95--01111--003 ****200.00 ****200.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	SEA 4-6 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: W. W. Conliffe WINSTON W. CONLIFFE (306) 591-9999
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED — Date — Daytime Phone Number