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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # S49876 (3)

1. Corporation Name
SUNSHINE SWEETS, INC.

Principal Place of Business	Mailing Address
200 S. BISCAYNE BLVD. STE. #4800 MIAMI FL 33131	200 S. BISCAYNE BLVD. STE. #4800 MIAMI FL 33131-2310

3. Date Incorporated or Qualified: 05/01/1991
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business
21:
Suite, Apt. #, etc
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address c/o Peninsula
26: Registered Agents, Inc.
Suite, Apt. #, etc #4874
27: 200 S. Biscayne Blvd.
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. BISCAYNE BLVD.
STE. #4800
MIAMI FL 33131

10. Name and Address of New Registered Agent
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 required when changing registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	11 TITLE	ST ☐ Change ☒ Addition
NAME	CONLIFFE, WINSTON W ☒ DELETE	12 NAME	PEDRO GUERRERO
STREET ADDRESS	8520 NW 56 ST	13 STREET ADDRESS	8520 N.W. 56 ST
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL 33166
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	TOVAR, JACOBO ☐ DELETE	22 NAME	
STREET ADDRESS	8520 N.W. 56TH ST.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	300002103693
STREET ADDRESS		33 STREET ADDRESS	-03/04/97--01075--003
CITY-ST-ZIP		34 CITY-ST-ZIP	***165.00
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

DATE 2-12
ACCT. 90700 AMOUNT 165.00
BY

VB34

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.

SIGNATURE: Jacobo Tovar Jacobo Tovar Pres. Dent 2/12/97 (305) 477-5022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR