

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 04 1997 8:00am
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
200 S. BISCAYNE BLVD.
STE. #4800
MIAMI FL 33131

Mailing Address
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
26 Mailing Address c/o Peninsula Registered Agents, Inc.
27 Suite, Apt. #, etc #4874
28 200 S. Biscayne Blvd.
29 City & State
30 Miami, FL
31 Zip
32 33131
33 Country

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
7. 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
85 Zip Code
FL

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 of officer or director of the corporation required when remaining agent. (NOTE: Registered Agent signature required when remaining agent.) DATE

12. OFFICERS AND DIRECTORS
12.1 NAME ST CONLIFFE, WINSTON W
12.2 STREET ADDRESS 8520 NW 56 ST
12.3 CITY-STATE-ZIP MIAMI FL
12.4 NAME P
12.5 STREET ADDRESS TOVAR, JACOBO
12.6 CITY-STATE-ZIP 8520 N.W. 56TH ST.
12.7 MIAMI FL
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1 TITLE ST
13.2 NAME PEDRO GUERRERO
13.3 STREET ADDRESS 8520 N.W. 56 ST
13.4 CITY-STATE-ZIP MIAMI, FL 33166
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DATE 2-12
ACCT. 90700
AMOUNT 165.00
BY [Signature]

14. I do 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 2/12/97 (300) 477-5022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR