

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

FILED
Feb 11, 1999 8:00am
Secretary of State

02-11-1999 90018 037 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S49876**

1. Corporation Name
SUNSHINE SWEETS, INC.

Principal Place of Business Mailing Address
8520 NW 56 ST. 8520 NW 56 ST.
MIAMI FL 33166 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/01/1991

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENINSULA REGISTERED AGENTS INC.
200 S. BISCAYNE BLVD.
STE. #4874
MIAMI FL 33131

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 _____ 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	ST GUERRERO, PEDRO N W	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	8520 NW 56 ST	2.1 TITLE	2.2 NAME
	MIAMI FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	P TOVAR, JACOBO	3.1 TITLE	3.2 NAME
	8520 N.W. 56TH ST.	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	MIAMI FL	4.1 TITLE	4.2 NAME
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		5.1 TITLE	5.2 NAME
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
<input type="checkbox"/> DELETE		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: JACOBO TOVAR **RED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99 591 9999
 Date Daytime Phone #

CR2E034 (1/198)