

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**DOCUMENT # S61423 (7)**

95 JUN 14 AM 10:00

1. Corporation Name

**SUAREZ PAINTING & WATER PROOFING SPECIALIST, CORP.**

Principal Place of Business

Mailing Address

7385 S.W. 39TH STREET  
MIAMI FL 33155

7385 S.W. 39TH STREET  
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1991

3a. Date of Last Report

04/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0160979

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Finance or Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

County

Zip

County

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.002, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUAREZ, PEDRO P.  
7385 S.W. 39TH STREET  
MIAMI FL 33155

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 (typed or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL REGISTERED OFFICERS AND DIRECTORS

|                 |                       |
|-----------------|-----------------------|
| TITLE           | D                     |
| NAME            | SUAREZ, PEDRO P.      |
| STREET ADDRESS  | 7385 S.W. 39TH STREET |
| CITY - ST - ZIP | MIAMI FL              |
| TITLE           | D                     |
| NAME            | SUAREZ, ALBA M.       |
| STREET ADDRESS  | 7385 S.W. 39TH STREET |
| CITY - ST - ZIP | MIAMI FL              |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |

|                    |   |
|--------------------|---|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 13 STREET ADDRESS  |   |
| 14 CITY - ST - ZIP |   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |   |
| 23 STREET ADDRESS  |   |
| 24 CITY - ST - ZIP |   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |   |
| 33 STREET ADDRESS  |   |
| 34 CITY - ST - ZIP |   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |   |
| 43 STREET ADDRESS  |   |
| 44 CITY - ST - ZIP |   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |   |
| 53 STREET ADDRESS  |   |
| 54 CITY - ST - ZIP |   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |   |
| 63 STREET ADDRESS  |   |
| 64 CITY - ST - ZIP |   |

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 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE:

*Alba M. Suarez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-95

266-4098

DATE

PHONE NUMBER

CR2E034 (3/95)

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 1 1995

DOCUMENT # **S61464** (1)  
1. Corporation Name  
**DESTINATION SUN FUNWEAR INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**5400 E HY WAY 98 DESTIN FL 32541 US**

3. Date Incorporated or Qualified **06/18/1991** 3a. Date of Last Report **07/05/1994**  
4. FEI Number **59-3074614** 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  
5. This corporation has liability for intangible tax under § 199.035, Florida Statutes  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 28. Zip  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
**BENSADOUN, ALBERT  
177 KIMBERLY DRIVE  
PANAMA CITY BEACH, 32407**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and title if applicable) (Mandatory) Registered Agent signature required when appointing

| 12. OFFICERS AND DIRECTORS |                           |
|----------------------------|---------------------------|
| TITLE                      | <b>P</b>                  |
| NAME                       | <b>BENSADOUN, ALBERT</b>  |
| STREET ADDRESS             | <b>177 KIMBERLY DRIVE</b> |
| CITY - ST - ZIP            | <b>PANAMA CITY FL</b>     |
| TITLE                      | <b>V</b>                  |
| NAME                       | <b>BITTON, YOSEPH</b>     |
| STREET ADDRESS             | <b>177 KIMBERLY DRIVE</b> |
| CITY - ST - ZIP            | <b>PANAMA CITY FL</b>     |
| TITLE                      |                           |
| NAME                       |                           |
| STREET ADDRESS             |                           |
| CITY - ST - ZIP            |                           |
| TITLE                      |                           |
| NAME                       |                           |
| STREET ADDRESS             |                           |
| CITY - ST - ZIP            |                           |
| TITLE                      |                           |
| NAME                       |                           |
| STREET ADDRESS             |                           |
| CITY - ST - ZIP            |                           |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME   |   |
| 13 STREET ADDRESS                                     |   |
| 14 CITY - ST - ZIP                                    |   |
| 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME   |   |
| 23 STREET ADDRESS                                     |   |
| 24 CITY - ST - ZIP                                    |   |
| 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME   |   |
| 33 STREET ADDRESS                                     |   |
| 34 CITY - ST - ZIP                                    |   |
| 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME   |   |
| 43 STREET ADDRESS                                     |   |
| 44 CITY - ST - ZIP                                    |   |
| 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME   |   |
| 53 STREET ADDRESS                                     |   |
| 54 CITY - ST - ZIP                                    |   |
| 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME   |   |
| 63 STREET ADDRESS                                     |   |
| 64 CITY - ST - ZIP                                    |   |

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 110.07(3)(a), 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 affidavit.

SIGNATURE: **BENSADOUN ALBERT** 6-1-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
904 234-0900  
047000 FP