FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S94979** **(9)**

1. Corporation Name

SUN AWAY, INC.

Principal Place of Business	Mailing Address
~~2632 HOLLYWOOD BLVD.~~ ~~SUITE #302~~ HOLLYWOOD FL 33020	~~2632 HOLLYWOOD BLVD.~~ ~~SUITE #302~~ HOLLYWOOD FL 33020

3. Date Incorporated or Qualified: 11/18/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 2152 TYLER ST.
22: Suite, Apt. #, etc.: —
23: City & State: HOLLYWOOD FL
24: Zip: 33020 25: Country: USA

2a. Mailing Address
26: 2152 TYLER ST
27: Suite, Apt. #, etc.: —
28: City & State: HOLLYWOOD FL
29: Zip: 33020 30: Country: USA

4. FEI Number: 65-0255901 ☐ 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

~~ESCOBAR, MARIA P.~~ CARLOS A. ESCOBAR
~~2632 HOLLYWOOD BLVD~~ 2152 TYLER ST
~~SUITE 302~~
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name: CARLOS A ESCOBAR
82 Street Address (P.O. Box Number is Not Acceptable): 2152 TYLER ST
83: HOLLYWOOD FL
84 City: HOLLYWOOD FL 85 Zip Code: 33020

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: ESCOBAR CARLOS A ESCOBAR PRESIDENT 5-28-96
Signature required from the officer or director listed in the last filed report. (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESCOBAR, MARIA P. 14415 N KENDALL DR. #409 MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition ESCOBAR MARIA P 14415 N. KENDALL DR #409 MIAMI FL.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESCOBAR, CARLOS ~~2632 HOLLYWOOD BLVD #302~~ ~~HOLLYWOOD FL~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition ESCOBAR, CARLOS 2152 TYLER ST HOLLYWOOD FL 33020
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESCOBAR, ALICIA ~~2632 HOLLYWOOD BLVD #302~~ ~~HOLLYWOOD FL~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☑ Change ☐ Addition ESCOBAR ALICIA 2152 ~~HOLLYWOOD FL~~ TYLER ST HOLLYWOOD FL 33020.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: ESCOBAR CARLOS A ESCOBAR 5-28-96 (954) 922 4224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #