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
~~2632 HOLLYWOOD BLVD.~~
~~SUITE #302~~
HOLLYWOOD FL 33020

Mailing Address
~~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.
Suite, Apt. #, etc. 22 —
City & State 23 HOLLYWOOD FL
Zip 24 33020 Country 25 USA

2a. Mailing Address
26 2152 TYLER ST
Suite, Apt. #, etc. 27 —
City & State 28 HOLLYWOOD FL
Zip 29 33020 Country 30 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
(NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	ESCOBAR MARIA P ☑ Change ☐ Addition
NAME	ESCOBAR, MARIA P.	1.2 NAME	
STREET ADDRESS	14415 N KENDALL DR. #409	1.3 STREET ADDRESS	14415 N. KENDALL DR #409
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL.
TITLE	D ☐ DELETE	2.1 TITLE	ESCOBAR, CARLOS ☑ Change ☐ Addition
NAME	ESCOBAR, CARLOS	2.2 NAME	
STREET ADDRESS	~~2632 HOLLYWOOD BLVD #302~~	2.3 STREET ADDRESS	2152 TYLER ST
CITY-ST-ZIP	~~HOLLYWOOD FL~~	2.4 CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	D ☐ DELETE	3.1 TITLE	ESCOBAR ALICIA ☑ Change ☐ Addition
NAME	ESCOBAR, ALICIA	3.2 NAME	
STREET ADDRESS	~~2632 HOLLYWOOD BLVD #302~~	3.3 STREET ADDRESS	2152 ~~HOLLYWOOD FL~~ TYLER ST
CITY-ST-ZIP	~~HOLLYWOOD FL~~	3.4 CITY-ST-ZIP	HOLLYWOOD FL 33020.
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(3)(k), 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 #

CR2E034 (12/95)