

434 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 # **H47567** (3)

1. Corporation Name

SUNRISE HOTEL CORP.



Principal Place of Business

**% MORRIS J. WATSKY, ESQ.
700 N.W. 107TH AVENUE
MIAMI FL 33172**

Mailing Address

**% MORRIS J. WATSKY, ESQ.
700 N.W. 107TH AVENUE
MIAMI FL 33172**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/18/1985

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2529443

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**WATSKY, MORRIS J., ESQ.
700 NW 107TH AVENUE
MIAMI FL 33172**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 restate is)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CD
MILLER, LEONARD
700 NW 107TH AVE, 4TH FL
MIAMI FL**

TITLE ☐ DELETE

NAME **VD
BOLOTIN, IRVING
700 NW 107TH AVE, 4TH FL
MIAMI FL**

TITLE ☐ DELETE

NAME **VD
PEKOR, ALLAN J.
700 NW 107TH AVE, 4TH FL
MIAMI FL**

TITLE ☐ DELETE

NAME **AS
SANTAELLA, GRACE
700NW AVENUE
MIAMI FL**

TITLE ☐ DELETE

NAME **SD
COLE, ROBERT B.
700 NW 107TH AVE, 4TH FL
MIAMI FL**

TITLE ☐ DELETE

NAME **AS
SIERRA, KATHLEEN E.
700 NW 107TH AVE, 4TH FL
MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

**700001805727
-03/06/86--91949--017
***200.00**

**800001811198
-05/07/96--01089--017
***200.00**

☐ Change ☐ Addition

**34
5.1**

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 or Block 14 or on an attachment with an address.

SIGNATURE:

Grace Santaella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96 (305) 229-6400
Date Daytime Phone #

CR2E034 (12/95)