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

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** FILED Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY 19 PM 3: 10 DOCUMENT #
1. Corporation Name L39461 (3)SECRETARY OF STATE TALLAHASSEE. FLORIDA IRELAND SUNRISE, INC. Principal Place of Business Mailing Address 12000 BISCAYNE BLVD. 12000 BISCAYNE BLVD. STE. 810 MIAMI FL 33181 STE. 910 MIAMI FL 33181 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/02/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0174013 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žio Country Zφ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name IRELAND, R. SCOTT 12000 BISCAYNE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) STE. 810 83 **MIAMI FL 33181** 84 City 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, type diociprinted name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DPS DELETE 11 TITLE 000002548810-NAME IRELAND, R. SCOTT 12 NAME -06/05/98--01062--001 12000 BISCAYNE BLVD. STREET ADDRESS 1.3 STREET ADDRESS ****150.00 ***5550.00 **MIAMI FL 33181** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 THILE Change Addition NAME IRIELAND, LOU 2.2 NAME 12000 BISCAYNE BLVD. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33181 CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE TITLE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 ghanged, or on an attachment with an address.