

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
-SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:47

DOCUMENT # L43402

(1)

1. Corporation Name

SUNRISE HERO, INC.

Principal Place of Business

1016 N.E. 15TH AVE
FT. LAUDERDALE FL 33304

Mailing Address

1016 N.E. 15TH AVE
FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1990

3a. Date of Last Report

04/25/1994

4. FBI Number

65-0166908

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

FOUAD, MOSSAD IBRAHIM
1016 N.E. 15TH AVE
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name

MAHER YASEN

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

1016 N.E. 15 AVE

83

FT. LAUDERDALE, FL. 33304

84 City

FL

85 Zip Code

33304

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 change) and title if applicable

(NOTE: Registered Agent signature required when manifesting)

5/16/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PO
YASEN, MAHER MOHAMED
1016 N.E. 15TH AVE
FT. LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
FOUAD, MONA IBRAHIM
1016 N.E. 15TH AVE
FT. LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DTS
FOUAD, MOSSAD IBRAHIM
1016 N.E. 15TH AVE
FT. LAUDERDALE FL

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

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

REMITTED BY MAY 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 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAHER YASEN - 4/21/95 (305) 763-5855
PRESIDENT