FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 20 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L54604** **(8)**

1. Corporation Name
SUNRISE MOTEL, INC.

Principal Place of Business	Mailing Address
ROSEMARIE APTS 9316 COLLINS AVE SURFSIDE FL 33154	ROSEMARIE APTS 9316 COLLINS AVE SURFSIDE FL 33154

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/05/1990
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business
21: 4236 Chase Av
22: Suite, Apt. #, etc.
23: City & State: Miami Beach, FL
24: Zip: 33140
25: Country: USA

2a. Mailing Address
26: 4236 Chase Av
27: Suite, Apt. #, etc.
28: City & State: Miami Beach, FL
29: Zip: 33140
30: Country: USA

4. FEI Number: 65-0180683 ☐ 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

~~BROWN, GARY L~~
~~20900 BISCAYNE BLVD~~
~~SUITE 200~~
~~AVENTURA FL 33180~~

10. Name and Address of New Registered Agent

81 Name: Ambers, Ritchie
82 Street Address (P.O. Box Number is Not Acceptable): 4236 Chase Av.
83:
84 City: Miami Beach FL 85 Zip Code: 33140

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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] /Ritchie Ambers V.P 4/11/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~	1.1 TITLE		☒ Change ☐ Addition
NAME	~~AMBERS, NATHANIEL~~	1.2 NAME		
STREET ADDRESS	~~230-174 STREET #1503~~	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL~~	1.4 CITY-ST-ZIP		
TITLE	~~S~~	2.1 TITLE	DPST	☒ Change ☐ Addition
NAME	AMBERS, EMMA	2.2 NAME		
STREET ADDRESS	~~230-174 STREET #1503~~	2.3 STREET ADDRESS	4236 chase Av	
CITY-ST-ZIP	~~MIAMI FL~~	2.4 CITY-ST-ZIP	Miami Beach, FL. 33140	
TITLE	VP	3.1 TITLE		☒ Change ☐ Addition
NAME	AMBERS, RITCHIE	3.2 NAME		
STREET ADDRESS	~~10185 COLLINS AVE, #223~~	3.3 STREET ADDRESS	4236 chase Av	
CITY-ST-ZIP	~~BAL HARBOUR FL 33154~~	3.4 CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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: [signature] 4/11/95 305-538-9837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0183300 CP