

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

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**Mar 19 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # L82863 (6)**  
1. Corporation Name  
**FOREIGN AFFAIRS OF SUNRISE, INC.**



Principal Place of Business: **10215 N.W. 53RD STREET SUNRISE FL 33351**  
Mailing Address: **10215 N.W. 53RD STREET SUNRISE FL 33351-8024**

3. Date Incorporated or Qualified: **06/25/1990**  
3a. Date of Last Report: **04/02/1996**  
4. FEI Number: **65-0199838**  
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

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
2a. Mailing Address  
26 State, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**KRAFT, STEVEN  
7305 W SAMPLE RD 110  
CORA; SPRINGS FL 33065**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12.1 TITLE: **DSP**  DELETE  
12.2 NAME: **VARELA, EVETTE**  
12.3 STREET ADDRESS: **10215 N.W. 53RD STREET**  
12.4 CITY-ST-ZIP: **SUNRISE FL**  
12.5 TITLE: **DTV**  DELETE  
12.6 NAME: **VARELA, ROBERT**  
12.7 STREET ADDRESS: **10215 N.W. 53RD ST.**  
12.8 CITY-ST-ZIP: **SUNRISE FL**  
12.9 TITLE:  DELETE  
12.10 NAME:  
12.11 STREET ADDRESS:  
12.12 CITY-ST-ZIP:  
12.13 TITLE:  DELETE  
12.14 NAME:  
12.15 STREET ADDRESS:  
12.16 CITY-ST-ZIP:

13.1 1.1 TITLE:  Change  Addition  
13.2 1.2 NAME:  
13.3 1.3 STREET ADDRESS:  
13.4 1.4 CITY-ST-ZIP:  
13.5 2.1 TITLE:  Change  Addition  
13.6 2.2 NAME:  
13.7 2.3 STREET ADDRESS:  
13.8 2.4 CITY-ST-ZIP:  
13.9 3.1 TITLE:  Change  Addition  
13.10 3.2 NAME:  
13.11 3.3 STREET ADDRESS:  
13.12 3.4 CITY-ST-ZIP:  
13.13 4.1 TITLE:  Change  Addition  
13.14 4.2 NAME:  
13.15 4.3 STREET ADDRESS:  
13.16 4.4 CITY-ST-ZIP:  
13.17 5.1 TITLE:  Change  Addition  
13.18 5.2 NAME:  
13.19 5.3 STREET ADDRESS:  
13.20 5.4 CITY-ST-ZIP:  
13.21 6.1 TITLE:  Change  Addition  
13.22 6.2 NAME:  
13.23 6.3 STREET ADDRESS:  
13.24 6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: **3/18/97** Daytime Phone #: **954-746-0488**

CR2E034 (9/96)