SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF S
DIVISION OF CORPOR.
95 JUN 19 AM 11

DOCUMENT # **L88954** **(7)**

1. Corporation Name
SUNRISE APPAREL, INC.

Principal Place of Business	Mailing Address
2790 W. 2 AVE. HIALEAH FL 33010	2790 W. 2 AVE. HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/20/1990
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0207309 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BLANCO, RICARDO 6061 COLLINS AVE. APT. 12C MIAMI BCH. FL 33140	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BLANCO, RICARDO	1.2 NAME	BLANCO, RICARDO	
STREET ADDRESS	495 SE 10TH CT.	1.3 STREET ADDRESS	6061 COLLINS AVE 12-C	
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	MIAMI BEACH FL. 33140	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BLANCO, IMILSE	2.2 NAME	BLANCO, IMILSE	
STREET ADDRESS	495 SE 10TH CT.	2.3 STREET ADDRESS	6061 COLLINS AVE 12-C	
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	ST	3.1 TITLE	ST	☒ Change ☐ Addition
NAME	BLANCO, IMILSE	3.2 NAME	BLANCO, IMILSE	
STREET ADDRESS	495 SE 10TH CT.	3.3 STREET ADDRESS	6061 COLLINS AVE 12-C	
CITY-ST-ZIP	HIALEAH FL	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		

CR2E034 (3/95)

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)(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: RICARDO BLANCO (PRES) 6-14-95 (305) 858-4833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017640 CF