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**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90021 001 \*\*\*980.00

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N29504**

1. Corporation Name  
**SUNRISE OPPORTUNITIES, INC.**

Principal Place of Business

9040 SUNSET DRIVE  
 SUITE 70A  
 MIAMI FL 33173  
 US

Mailing Address

9040 SUNSET DRIVE  
 SUITE 70A  
 MIAMI FL 33173  
 US



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

3. Date Incorporated or Qualified

11/30/1988

4. FEI Number

65-0118734

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

9. Name and Address of Current Registered Agent

LEECH, LESLIE W. JR.  
 9040 SUNSET DRIVE  
 SUITE 70A  
 MIAMI FL 33173

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**  DELETE  
 NAME **YOUNG, PAULA**  
 STREET ADDRESS **12805 SW 103 COURT**  
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D**  DELETE  
 NAME **TUCKER, GERALDINE**  
 STREET ADDRESS **8100 SW 133RD COURT**  
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE **D**  DELETE  
 NAME **GREENBERG, BARNETT**  
 STREET ADDRESS **7761 SW 176TH STREET**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **P**  DELETE  
 NAME **LEECH, LESLIE W JR.**  
 STREET ADDRESS **9040 SUNSET DRIVE, SUITE 70A**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **D**  DELETE  
 NAME **SMITH, RICHARD**  
 STREET ADDRESS **8971 SW 72 ST, APT. 329**  
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE **D**  DELETE  
 NAME **SOUTO, JOSE E**  
 STREET ADDRESS **9375 BALADA ST**  
 CITY-ST-ZIP **CORAL GABLES FL 33156**

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

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Leslie W. Leech, Jr. 1/22/99 305-596-9040

Date

Daytime Phone #

CR2E037 (11/98)