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## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P92000010660 (8)

## SUNSET CENTER CORPORATION

Principal Place	e of Business	Mailing Address	Mailing Address 10300\$W 72 \$T			4 HODITODI TIN EDITO KALL BÜLLI DEVIN BONY BONDE ENGIN BENYÖ ANYIN ADIN 1981	
10300SW 72 S1	Ţ	10300\$W 72 ST					
SUITE 130		SUITE 130					
MIAMI FL 3317	3	MIAMI FL 33173			O Date la constitue on the constitue of	Tan Data (Last Data)	
					3. Date Incorporated or Qualified 12/10/1992	<b>3a.</b> Date of Last Report <b>02/09/1996</b>	
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0385382	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			E. Cartificate of Status Desired	\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State	0	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Ζιρ	Country	Ζιρ	Country		6. This corporation has liability for		
24	25	29	30			Yes No	
}	9. Name and Address of Curre	nt Registered Agent	04	NI	10. Name and Address of New R	egistered Agent	
	SERSTEIN, RICHARD		61	Name			
913 NORMANDY DR			82	Street A	Address (P.O. Box Number is Not Accepta	ible)	
{ MIAI	MI BEACH FL 33141						
			83				
			84	City	***************************************	85 Zip Code	
				L		FL C	
					corporation submits this statement for the oration's board of directors. I hereby acce		
agent. La	m familiar with land accept the obli	gations of, Section 607.0505, Fi	lorida Statutes	3.			
SIGNATURE					<u> </u>		
12.	Signature, typical or printed name of registered at	gent and the if applicable (NO ND DIRECTORS	TE Registered Age	ent signature	required when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	
TITLE	DP OFFICERS AI	DELETE	1.1 TITLE		<b>KP</b>	Change Addition	
NAME	FRAYND, GERMAN	La bettere	1.2 NAME	Ì	HARVAIN GERMAN	/ N	
·	9509 HARDING AVE		1.3 STREET	ADDRESS	21150 BISCAYNE BL	JD. 4302	
STREET ADDRESS	SURFSIDE FL 33154		1.4 CITY - S		AVENTURA FL 331	CA	
CHY-ST-ZIP TITLE	DV	DELETE	2.1 TITLE	I-ZIF	HIVE STUER IS SO	Change Addition	
NAME	WASERSTEIN, CHARLES		2.2 NAME	ĺ			
STREET ADDRESS	9509 HARDING AVE		2.3 STREET	Annaree			
CITY-S1-ZIP	SURFSIDE FL 33154		2 4 CITY-		NA		
TOLE	DS	DELETE	3 1 THTLE	21-11		Change Addition	
NAME	WASERSTEIN, MARTA	Named of the Control of the	3.2 NAME				
STREET ADDRESS	9509 HARDING AVE		3.3 STREET	ADDRESS	1		
City-St-ZiP	SURFSIDE FL 33154		3.4. CITY -:		N/A		
TITLE	DT	DELETE	4.1 TITLE			Change Addition	
NAME	WASERSTEIN, ALAN		4. 2 NAME	j		• —	
STREET ADDRESS	9509 HARDING AVE		4.3 STREET	ADDRESS	i		
CITY-ST-ZIP	SURFSIDE FL 33154		4.4 CITY - S		N/A		
TITLE	D	DELETE	5.1 TITLE		D ,	Change Addition	
NAME	FRAYND, PAUL		5.2 NAME		FRAYND, PAUL	. 4h m	
STREET ADDRESS	1380 MIAMI GARDENS DR.,	#210	5.3 STREET	ADDRESS	21150 BISCAYNE BUY	/D.# 302	
CITY - ST - ZIP	NO. MIAMI BEACH FL		5.4 CITY - S	iT-ZIP	Fraynd, Paul 21150 Biscayne Bly Aventura FL 331	180	
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME			62 NAME				
STREET ADDRESS		Λ	6.3 STREET	ADDRESS			
CITY+S1+ZIP	^	$\wedge$ $\Gamma$	6.4 CiTY - S	3T-ZIP			
14. I do heret	by certify that the information suppli	ed with this filing does not all			tated in Section 119.07(3)(i), Florida Statul that my signature shall have the same leg	les. I further certify that the	
l lamano	tricer or director of the corporation	r the receiver of your ee empor	werea to exec	urate and cute this r	that my signature shall have the same leg eport as required by Chapter 607, Florida	yai eirect as ii made under oain; that Statutes; and that my name	
appears i	in Block 12 or Block 13 if charigett,	bron an attachni∕int i⁄int an ad	lotess.		1/201	0	