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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jan 23 1998 8:00am Secretary of State

1998 P92000010660 (8) DOCUMENT # SUNSET CENTER CORPORATION Principal Place of Business Mailing Address 10300SW 72 ST 10300SW 72 ST SUITE 130 MIAMI FL 33173 SUITE 130 MIAMI FL 33173 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/10/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0385382 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Ζip Country Zip Country 8. This corporation owes or has paid the current year Intangible V Yes 24 25 29 30 Personal Property Tax due June 30. ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WASERSTEIN, RICHARD 913 NORMANDY DR Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33141 Zip Code 85 FL 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 Signature, typed or printed name of registerod agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE ☐ Change TITLE NAME FRAYND, GERMAN 12 NAME R2E034 21150 BISCAYNE BLVD #302 STREET ADDRESS 1.3 STREET ADDRESS AVENTURA FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE WASERSTEIN, CHARLES 22 NAME NAME 9509 HARDING AVE STREET ADORESS 2.3 STREET ADDRESS SURFSIDE FL 33154 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME WASERSTEIN, MARTA 3.2 NAME 9509 HARDING AVE STREET ADDRESS 3.3 STREET ADDRESS SURFSIDE FL 33154 CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE Waserstein, Alan NAME 4. 2 NAME 9509 HARDING AVE 4.3 STREET ADDRESS STREET ADDRESS SURFSIDE FL 33154 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE FRAYND, PAUL NAME 5.2 NAME 21150 BISCAYNE BLVD #302 STREET ADORESS 5.3 STREET ADDRESS AVENTURA FL 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST- ZIP

didoes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address. 

SIGNATURE: