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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #** P92000010660

1. Corporation Name SUNSET CENTER CORPORATION

	Principal Place of Business	Mailing Address
	10300SW 72 ST SUITE 130 MIAMI FL 33173	10300SW 72 ST Suite 130 Miami FL 33173
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FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90040 038 ***150.00



Principal Place of Business Mailing Address											
							1 (29112): 119 19112 11911 92111 93111 93111			4811 1481	
10300SW 72 ST 10300SW 72 ST SUITE 130 SUITE 130 MIAMI FL 33173 MIAMI FL 33173							DO NOT WRITE IN THIS SPACE				
MIAMI FL 331/3							3. Date Incorporated or Qualifed				
							12/10/1992				
2. Principal Pl	ace of Business	2a. Ma	iling Address				4. FEI Number		Apr	olied For	
21		26					65-0385382		Not	Applicable	
_ Suite, Apt.	#,_etc	Sui	te, Apt. #, etc.				5. Certificate of Status Desired			dditional	
22		27					G. Octimodic of Grands Desired	F	ee Rec	quired	
City & State	e	City	y & State				6. Election Campaign Financing			May Be	
23		28					Trust Fund Contribution	Ac	dded to	Fees	
Zip	Country	Zip		Coun	try		8. This corporation owes the current year Ir			\	
24	25 29			30			Personal Property Tax.				
	9. Name and Address of Currer	nt Registere	d Agent		1		10. Name and Address of New Registered	Agent			
	EDOTEIN BIOLINGS			1	81	Name					
1	ERSTEIN, RICHARD			Ţ.	82	Street Add	ress (P.O. Box Number is Not Acceptable)				
1	NORMANDY DR			L							
MIAN	AI BEACH FL 33141			1	83						
l				H	84	City		85	Zip C	ode	
					Ì	•	Foration submits this statement for the purpose of				
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. S ations of, Sec	such change was a ction 607.0505, Flo	uthorized orida Statu	by t tes.	ine corporation	on's board of directors. I hereby accept the appr	niment.	as reg	jistered	
40	Signature, typed or printed name of registered age			Registered A	\gent	signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIR	ECTO	RS IN 12	
12.	OFFICERS AN	ND DIRECTO	DELETE	1.1 TITL	F		ADDITIONO/OFFICE TO STEEL OF THE STEEL OF TH	Ch		Addition	
TITLE	DP CEDIAN			1.2 NA				_	•	_	
NAME	FRAYND, GERMAN					ADDRESS					
STREET ADDRESS	21150 BISCAYNE BLVD #302			1,4 CIT							
CITY-ST-ZIP TITLE	AVENTURA FL		☐ DELETE	2.1 TIT		-2119		☐ Ch	ange	Addition	
(!	_			2.2 NAME		•	_	•	_		
NAME	WASERSTEIN, CHARLES					ADDRESS			. ~		
STREET ADDRESS	9509 HARDING AVE			2.4 CIT							
CITY-ST-ZIP				3,1 TITL		1-ZIP		☐ Ch	ange	Addition	
]	DS			3.2 NAA)			-		
NAME	WASERSTEIN, MARTA					ADDRESS					
STREET ADDRESS	9509 HARDING AVE			3.4. CIT							
CITY-ST-ZIP	SURFSIDE FL 33154	·	☐ DELETE	4.1 TM		1 - 241		Ch	ange	Addition	
NAME	DT MACEDOTEIN ALAN		_ 320-,-	4, 2 NA					-		
STREET ADDRESS	WASERSTEIN, ALAN					ADDRESS					
	0000 100101101110			4.5 ST			•				
CITY-ST-ZIP TITLE	SURFSIDE FL 33154		☐ DELETE	5,1 TITI				☐ Ch	nange	Addition	
	D DAVND DALH		_ 325-12	5.2 NAJ					-		
NAME CYDEET ADDRESS	FRAYND, PAUL					ADORESS				}	
STREET ADDRESS	21150 BISCAYNE BLVD #302			5.4 CIT		- 7IP					
CITY-ST-ZIP TITLE	AVENTURA FL		☐ DELETE	6.1 TITI		F	RAYND, ALAN -D- LIISO BISCAYNG BLVD #3 AVENTURA FL	□ Ch	nange	Addition	
1			_ >	6.2 NA		وٰ ا	1150 BISCAVALE BLYD #3	302	•		
NAME STREET ADDRESS						ADORESS A	ALIGNITUDA FI	_		1	
STREET ADDRESS				6.5 CIT		-7IP	TYENTURN FL.			- [
CITY-ST-ZIP	ſ			0.4011			_				

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 607, 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: