

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
JAMES R. MONTGOMERY
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P93000077095 (6)

SUNRISE INVESTMENT CORP.

55 MAY -1 AM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Place of Business 799 BRICKELL PLAZA SUITE 900 MIAMI FL 33131		2a. Mailing Address 799 BRICKELL PLAZA SUITE 900 MIAMI FL 33131		3. Date Incorporated or Qualified 11/08/1993		3a. Date of Last Report 09/08/1994	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number APPLIED FOR 65-0476188		Applied For ☐ Not Applicable	
22. State, Apt # etc.		27. State, Apt # etc.		5. Certificate of Status Cleared ☐		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. ☐		25. ☐		29. ☐		30. ☐	

9. Name and Address of Current Registered Agent PERLMAN AND FABER, P.A. 799 BRICKELL PLAZA SUITE 900 MIAMI FL 33131				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 607.05(2) and 607.15(8), 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(2) Florida Statutes.

SIGNATURE _____ (Signature of Registered Agent or Director) _____ (Signature of Registered Agent or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1. NAME PD SAIAS, SALVADOR	1. NAME PD SAIAS, SALVADOR	1. NAME PD SAIAS, SALVADOR	☐ Change ☐ Addition
2. STREET ADDRESS 799 BRICKELL PLAZA SUITE 900 MIAMI FL 33131	2. STREET ADDRESS 799 BRICKELL PLAZA SUITE 900 MIAMI FL 33131	2. STREET ADDRESS 799 BRICKELL PLAZA SUITE 900 MIAMI FL 33131	☐ Change ☐ Addition
3. NAME TD SAIAS, RAUL S	3. NAME TD SAIAS, RAUL S	3. NAME TD SAIAS, RAUL S	☐ Change ☐ Addition
4. STREET ADDRESS 799 BRICKELL PLAZA SUITE 900 MIAMI FL 33131	4. STREET ADDRESS 799 BRICKELL PLAZA SUITE 900 MIAMI FL 33131	4. STREET ADDRESS 799 BRICKELL PLAZA SUITE 900 MIAMI FL 33131	☐ Change ☐ Addition
5. NAME VPSB DE SAIAS, PERLA	5. NAME VPSB DE SAIAS, PERLA	5. NAME VPSB DE SAIAS, PERLA	☐ Change ☐ Addition
6. STREET ADDRESS 799 BRICKELL PLAZA SUITE 900 MIAMI FL 33131	6. STREET ADDRESS 799 BRICKELL PLAZA SUITE 900 MIAMI FL 33131	6. STREET ADDRESS 799 BRICKELL PLAZA SUITE 900 MIAMI FL 33131	☐ Change ☐ Addition
7. NAME	7. NAME	7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS	8. STREET ADDRESS	8. STREET ADDRESS	☐ Change ☐ Addition
9. NAME	9. NAME	9. NAME	☐ Change ☐ Addition
10. STREET ADDRESS	10. STREET ADDRESS	10. STREET ADDRESS	☐ Change ☐ Addition
11. NAME	11. NAME	11. NAME	☐ Change ☐ Addition
12. STREET ADDRESS	12. STREET ADDRESS	12. STREET ADDRESS	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.05(2)(b)(3) 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 an authorized officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report or in Block 12 of Block 13 of this report with an address.

SIGNATURE: **SALVADOR SAIAS, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR