P94000078436

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: SUNRISE INTERNATIONAL PRODUCTIONS CORP. EIN or SS#: 65-0531466

Address: 4110 NE 15TH TERRACE

OAKLAND PARK, FL 33334

Amount: 225 Date Paid 8-7-96

Reason for claim: P94000078436 - duplicate filing of AR Title Sellers

Certified true and correct this 30 *day of* DECEMBER, *19* 96.

Signature _____

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund $ 225.

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. 97103-011 *dated* 8-7-96.

Name of Account _____

45202130001453000000000010000

Statutory Authority for Collection 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

45202130001453000000022002000

Certified true and correct this _____ *day of* _____, *19* ____.

Department of State, Division of Corporations _____
(Agency) (Authorized Signature and Title)

CR2E060(6/95)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE [illegible]: $225.00 DISSOLVED. MINIMUM PENALTY DUE TO REINSTATE: $375.00

ADDRESS CHANGE

PROF... CORPOR... ANNUAL 1996 ... FLORIDA ... OF STATE ... DIVISION OF CORPORATIONS

DOCUMENT # P94000078436 (0)

1. Corporation Name

SUNRISE INTERNATIONAL PRODUCTIONS CORP.

Principal Place of Business	Mailing Address
1445 ALTON RD MIAMI BEACH FL 33139	1445 ALTON RD MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 10/25/1994
3a. Date of Last Report: 05/23/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0531466	☐ Applied For ☐ Not Applicable
21 4110 NE 15th Terrace	26 4110 NE 15th Terrace		
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 OAKLAND PARK / FLORIDA	City & State 28 OAKLAND PARK	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 FL 33334 Country 25 USA	Zip 29 FL 33334 Country 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ABDESSALEM, MEHADHBI 1445 ALTON RD MIAMI BEACH FL 33139	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 607.0502 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 registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	ABDESSALEM, MEHADHBI	12 NAME	
STREET ADDRESS	1445 ALTON RD	13 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL 33139	14 CITY ST ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ALAIN GRILLO	22 NAME	
STREET ADDRESS	4110 NE 15TH TERRACE	23 STREET ADDRESS	
CITY ST ZIP	OAKLAND PARK FL 33334	24 CITY ST ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

1/10/97

FILED
97 JAN -6 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 added for an attachment with an address.

SIGNATURE: Alain GRILLO 08/01/96
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR — Date — Daytime Phone #

0043886 CP