Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90051 042 \*\*\*150.00

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

PROFIT\_ CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400078436  1. Corporation Name SUNRISE INTERNATIONAL PRODUCTIONS CORP.							
Principal Place	of Rusiness	Mailing Address			T (GB)(DE) 1/0 (D)III 8/D)I Besti annis Anti anzis enne Joise ales	1831	
700 E DANIA BCH BLVD 700 E DANIA BCH BLVD							
202		202					
DANIA FL 33004		DANIA FL 33004			DO NOT WRITE IN THIS SPACE		
US	·	US			3. Date Incorporated or Qualifed 10/25/1994		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied Fo		
21		26			65-0531466 Not Applic	_	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	al	
22		City & State				-	
City & State	•	City & State			6. Election Campaign Financing \$5.00 May Be Added to Fees	•	
23	Country Zip Cou		Country		8. This corporation owes the current year Intangible		
Zip	Country 25	29 30	<b>-</b>		Personal Property Tax.	}	
24	25 Name and Address of Current		<u>'l</u>		10 Name and Address of New Registered Agent		
	3. 14dii d. dilo. 14dd 050. 01. 00		81	Name			
ABDESSALEM, MEHADHBI			00	Dt	Address (P.O. Box Number is Not Acceptable)	$-\dashv$	
4110 NE 15 TERR			82	Street	Address (F.O. Box Halliber is Not Acceptable)		
OAKLAND PARK FL 33334			83				
			84	Cit	85 Zip Code	—	
\			l i	City	F <u>L   "   "                                </u>		
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		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TITLE	D	: }- DELETE	1.1 TITLE		. Change A	ddition	
NAME	ABDESSALEM, MEHADHBI		1.2 NAME	l		ļ	
STREET ADDRESS	4110 NE 15 TERR		1.3 STREET	ADDRESS			
CITY-ST-ZIP	OAKLAND PARK FL		1,4 CITY-S	T-ZIP			
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ A	ddition	
NAME	GRILLO, ALAIN		2.2 NAME	j		1	
STREET ADDRESS	4110 NE 15 TERR		2.3 STREET	TADORESS			
CITY-ST-ZIP	OAKLAND PARK FL 33334		2,4 CITY-S	T-ZIP			
TITLE		☐ DELETE	3,1 TITLE	ļ	☐ Change ☐ A	ddition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET			ļ	
CITY-ST-ZIP			3.4. CITY-S	T-ZP	☐ Change ☐ A	ddition	
TITLE		☐ DELETE	4.1 TITLE	ľ	Change E.A.	adibor.	
NAME .		the second second	. 4, 2 NAME	- 1	And the second s		
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP		☐ DELETE	4,4 CITY-S	1-212	☐ Change ☐ A	ddition	
TITLE			5.1 NILE	Ì			
NAME APPRECE			5.3 STREET	T ADDRESS			
STREET ADORESS CITY-ST-ZIP			5.4 CITY-S		,	- {	
TITLE	<del></del>	☐ DELETE	6.1 TITLE		☐ Change ☐ A	ddition	
NAME			6.2 NAME				
etheet annibees	•		6.3 STREET	FADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP