

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000079414 (6)**

1. Corporation Name

SUNRISE COMPUTERS, INC.



Principal Place of Business

Mailing Address

**1547 NW 79TH AVE
MIAMI FL 33126**

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MIAMI FL 33126**

3. Date Incorporated or Qualified

10/28/1994

3a. Date of Last Report

02/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACDANIEL, JOHN M
TWO S BISCAYNE BLVD
ONE BISCAYNE TOWER SUITE 2975
MIAMI FL 33131**

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	<input type="checkbox"/> DELETE
NAME	DE JESUS MARTINS, FERNANDO	
STREET ADDRESS	RUA DAS MISSOES 987 CENTRO APARTMENTO 402	
CITY-ST-ZIP	FOZ DO IGUAU PR BRAZIL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DE JESUS MARTINS, SOLANGE	
STREET ADDRESS	RUA CARAPURI 133 AUTO DA LAPA	
CITY-ST-ZIP	SAO PABLO SP BRAZIL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GIO, CHANG LI	
STREET ADDRESS	LAI LAI SHOPPING CENTER NUMERO 102	
CITY-ST-ZIP	CIUDAD DEL ESTE PARAGUAY	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BASSO, WILSON A	
STREET ADDRESS	9551 FOUNTAINEBLEAU BLVD #605	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	FERNANDO J. MARTINS	
13 STREET ADDRESS	same	
14 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	WILSON A. BASSO	
43 STREET ADDRESS	8011 Lake Drive # 102	
44 CITY-ST-ZIP	MIAMI FL 33166	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/24/96

(305) 592-3733

Date

Daytime Phone #

CR2E034 (3/96)