

MAY-01-2001 TUE 12:35 PM

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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

DOCUMENT # P94000086251

05-23-2001 91195 043 ***150.00

1. Entity Name

SUNRISE PROPERTIES INTERNATIONAL CORP.

Principal Place of Business Mailing Address
18755 BISCAYNE BLVD. P.O. BOX 611202
AVENTURA, FL. 33180 MIAMI, FL. 33261

40071558

2. Principal Place of Business 3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
65-0538339

Additional Fee Required
Not Applicable

Zip

Country

Zip

Country

6. Certificate of Status Desired

Additional Fee Required
\$8.75

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANUEL M. ARVESU, P.A.
201 Alhambra Circle, Suite 502
Coral Gables; FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Handwritten Signature]

Signature must be printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DNL

9. This corporation is eligible to satisfy its intangible tax filing requirement and elect to do so (File priority on back)

10. Election Campaign Financing Trust Fund Contribution

Additional Fee Required
\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 6 rows for Officers and Directors. Columns include Title, Name, Street Address, City, ST, ZIP. Includes checkboxes for Delet, Addit, Change.

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 on Block 11 or Block 12 of this report, or on an attachment with an address, with all other officers and directors.

SIGNATURE: [Handwritten Signature] Mauricio Vives, President 05/01/01
TOTAL P. 01