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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000018445 (3)**

1. Corporation Name

SUNRISE INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
570 N.W. 82ND PLACE. APT. 292 MIAMI FL 33126	570 N.W. 82ND PLACE. APT. 292 MIAMI FL 33126

3. Date Incorporated or Qualified: **03/07/1995**

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 9225 SW 141 Place	26 9225 SW 141 Place
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Fla.	City & State 28 Miami, Fla.
Zip 24 33186 Country 25 USA	Zip 29 33186 Country 30 USA

4. FEI Number: 65-0601811 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DE SOUZA, BENEDICTO C JR.
570 N.W. 82ND PLACE, APT. 292
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: De Souza, Benedicto C. Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 9225 SW 141 Place
83
84 City: Miami FL 85 Zip Code: 33186

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. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and will comply with the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: DE SOUZA, BENEDICTO C JR. DATE: 03/18/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE SOUZA, BENEDICTO C JR. 570 N.W. 82ND PLACE, APT. 292 MIAMI FL 33126 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition De Souza, Benedicto C. Jr. 9225 SW 141 Place Miami, Fla. 33186
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOS SANTOS, CARLOS A 570 N.W. 82ND PLACE, APT. 292 MIAMI FL 33126 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition Dos Santos, Carlos A. 9225 SW 141 Place Miami, Fla. 33186
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #