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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

P95000085050 (9)

SUNRISE PROPERTIES INTERNATIONAL XII, CORP. Principal Place of Business Mailing Address 13499 BISCAYNE BLVD 13499 BISCAYNE BLVD NORTH MIAMI FL 33181 NORTH MIAMI FL 33181 3. Date Incorporated or Qualified 3a. Date of Last Report 11/06/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number X Applied For 21 26 Not Applicable Suite, Ant. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 П Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s 199.032 24 25 29 30 Florida Statutes ☐ Yes 🔀 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ARVESU, MANUEL M 82 Street Address (P.O. Box Number is Not Acceptable) 2000 S DIXIE HWY STE 200 MIAMI FL 33133 83 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE: Signature, typed or printed name of registered agent and liftle it applicable. (NOTE_Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE OFFICER ☐ Change XX Addition NAME GONZALEZ, MAURICIO 1.2 NAME MAURICIO VIVES STREET ADDRESS 13499 BISCAYNE BLVD 13499 BISCAYNE BLVD L-2 1.3 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI FL 33181 14 CHY-ST-7IP NO. MIAMI, FL 33181 TITLE SD DELETE 2 1 TITLE ☐ Change Addition GOMEZ, ANGELA P 22 NAME STREET ADDRESS 13499 BISCAYNE BLVD 2.3 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI FL 33181 2.4 CITY - ST - ZIP TITLE DELETE 3 111TLF [] Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY - ST-ZIP TITLE DELETE 4. 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 700001840407 4.4 CITY - ST-ZIP -05/28/96--01024--030_{Change} TITLE DELETE 5 1 TITLE Addition ***2800.00 **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP TITLE DELETE 6 1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - \$1 - 2IP 14. I do hereby certify that the information supplied with this filling 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 appears in Block 12 or Block 13 if charged or on an attachment with an address.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

agril 16/96

CR2E034 (12/95)