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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000085050

SUNRISE PROPERTIES INTERNATIONAL XII, CORP.

FILED
May 27 1997 8:00am
Secretary of State

Principal Place of Business		Mailing Address				
13499 Biscayne Blvd. 13499 Bisca			avne B	alvd.		
No. Miami, FL 33181 No. Miami,						
	•	•	•			a. Date of Last Report
					11/6/95	
		2a. Mailing Address	Address		4. FEI Number	X Applied For
Suite, Apt. #, etc.		26		105-0002071	Noi Applicable	
22 27			1		5. Certificate of Status Desired	38.75 Additional
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution		
Zip Country		Zip 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 Currer	nt Registered Agent			10. Name and Address of New Regist	ered Agent
			8	1 Name		
	M. ARVESU, P.A.		8	82 Street Address (P.O. Box Number is Not Acceptable)		
	E. 2nd Street	83				
Suite		\	l°	3		
Miami,	FL /33/31	1	8	4 City		85 Zip Code
44 0		b and 607 1509 Florida Cial	the the she	un comed on	receive a primite this statement for the pure	FL Lab book
office or	registered agent, or both, in the State	i of Florida, Such change was	authorized I	by the corpor	rporation submits this statement for the purporation's board of directors. I hereby accept the	e appointment as registered
agent. 14	am familiar with and accept the oblig	ations of, Section 897.0505, I	Florida Statut	es Manuel N	M. Arvesu	la . ha
SIGNATURE	Signalitie, typed an printed name of registered age	and and title if agnificable (INC			ulred when reinstating)	30/97
12.		D DIRECTORS	13.	you any more to a	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			Change Addition
NAME	Gomez, Angela		1,2 NAM	E		
STREET ADDRESS			1.3 STRE	et address		İ
CITY-ST-ZIP	No. Miami. FL 33		1.4 CHTY	- ST - ZIP		
TITLE	s	☐ OELETE	2.1 TITLE			Change Addition
NAME	Cordoba, Alvaro		2.2 NAM	ε		
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	No. Miami FL 3		2. 4 C/TY	-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME	-		3.2 NAM	E	ı	
STREET ADDRESS			3.3 STRE	et aodress		
CITY-ST-ZIP	*		3.4. CITY	-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			· Change Addition
NAME	İ		4. 2 NAM	E }		ļ
STREET ADDRESS			4.3 STRE	ET ADDRESS		_
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		$A \longrightarrow A$
TITLE	l	DELETE	5.1 TITLE			Change
HAME	1		5.2 NAM	E		WINMA
STREET ADDRESS			5.3 STRE	ET ADDRESS	\mathcal{A}	117/2/1/1
CITY-ST-ZIP		····	5.4 CITY			17-11-7
TITLE		☐ DELETE	6.1 THTLE			Change Addition
NAME	1		6.2 NAM	E	500002203	:865
STREET ADDRESS			6.3 STRE	ET ADDRESS	-06/06/9701028-	001
CITY-ST-ZIP		and with this filling does not gu		-ST-ZIP	***2145 00	
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. I do 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 leport is rupped to strue 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 title 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 Chapter an attachment with an address.