

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90026 019 ***600.00

DOCUMENT # P95000085070

1. Corporation Name

SUNRISE PROPERTIES INTERNATIONAL II, CORP.

Principal Place of Business

13499 BISCAYNE BLVD
NO MIAMI FL 33181

Mailing Address

13499 BISCAYNE BLVD
NO MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1995

4. FEI Number

65-0662666

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 19495 Biscayne Blvd.

Suite, Apt. #, etc.

22 Suite 403

City & State

23 Aventura FL

Zip

24 33180

25

Country

2a. Mailing Address

26 19495 Biscayne Blvd.

Suite, Apt. #, etc.

27 Suite 403

City & State

28 Aventura FL

Zip

29 33180

30

Country

9. Name and Address of Current Registered Agent

ARVESU, MANUEL M
2121 PONCE DE LEON BLVD
SUITE 920
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

(NOT a Registered Agent signature required when reinstating)

DATE

Manuel M. Arvesu 4.12.99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME VIVES, MAURICIO
STREET ADDRESS 13499 BISCAYNE BLVD
CITY-ST-ZIP NO MIAMI FL 33181

☐ DELETE

TITLE SD
NAME LOPEZ, CAMILO
STREET ADDRESS 13499 BISCAYNE BLVD
CITY-ST-ZIP NO MIAMI FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P131D
1.2 NAME Vives, Mauricio
1.3 STREET ADDRESS 13495 Biscayne Blvd., Suite 403
1.4 CITY-ST-ZIP Aventura, FL 33180

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Mauricio Vives President 4.12.99 305.932.6546

CR2E034 (1/98)