## 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 # P95000085072

SUNRISE PROPERTIES INTERNATIONAL X, CORP.

**FILED** May 27 1997 8:00am Secretary of State

Principal Place of Business Mailing Address						
13499 Biscayne Blvd. 13499 Biscayne Blvd.						
8 ·	lami, FL 33181	No. Miami.				
		,			3. Date Incorporated or Qualified	3a. Date of Last Report
					11/6/95	
2. Principal Pla	ice of Business	2a. Mailing Address	¬		4. FEI Number	X Applied For
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.					65-0662674	Not Applicable  \$8.75 Additional
22	27	3, Apr. #, 010.		5. Certificate of Status Desired	Fee Required	
City & State	· · · · · · · · · · · · · · · · · · ·	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	han han han		Cour	itry	8. This corporation has liability for	
24	25	29	30		Florida Statutes L  10. Name and Address of New Re	Yes XX No
9, Name and Address of Current Registered Agent 10					10, Maille and Address of New Me	Alexagen Whelir
MANUI	EL M. ARVESU, P.A.	•	1			· · · · · · · · · · · · · · · · · · ·
100 S.E. 2nd Street				82 Street Add	Iress (P.O. Box Number is Not Acceptat	)ie)
Suite	€ 3700	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		83		
Miami	i, f/L 3/34 <del>-</del> 31 /		}	84 City		85 Zip Code
		I	i	1		FLII
11. Pursuant to	o the provisions of Sections 607.050;	and 607.1508, Florida Statu	tes, the ab	ove-named cor by the corpora	poration submits this statement for the pation's board of directors. I hereby acce.  M. Arvesu	ourpose of changing its registered of the appointment as registered
agent. I an	n familiar with, and accept the owing	tions of Section 607.0505, Fi	orida Stati	Manuel Manuel	M. Armonn	-1
I SIGNATURE _	Signation, broad of printed name of registered age				ired when reinstalling)	30197
12.	OFFICERS AND		13.	rigorit signators redo	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	☐ DELETE	1.1 111	LE		Change Addition
NAME	Lopez, Camilo		1.2 NA	ME		·
STREET ADDRESS	13499 Biscayne Blvd		1,3 \$11	REET ADDRESS		
CITY-ST-ZIP	No. Miami, FL 3318			Y-ST-ZIP		Channe
TITLE	Comer Ing Helena	☐ DELETE	2.1 TIT	1		☐ Change ☐ Addilion
NAME	Gomez, Lus Helena 13499 Biscayne Blvd	1	2.2 NA	REET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	No. Miami, FL 33181			TY-ST-ZIP		
TITLE	10, 111414, 12 33.0.	☐ DELETE	3.1 TIT	<del></del>		Change Addition
NAME			3.2 NA	ME	1	
STREET ADDRESS			3.3 \$11	REET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		TY-ST-ZIP	-4	
TITLE		L DELETE	4.1 197	!		Change
NAME			4. 2 N/	1		
STREET ADDRESS			1	REET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CH 5.1 TH	Y-ST-ZIP LE		Change Addition
NAME			5.2 NA			16/2/2/2
STREET ADORESS			D.	REET ADDRESS		41767197
CITY-ST-ZIP			5.4 CI1	Y-ST-ZIP		107 1114
TITLE	<del>, , '</del>	☐ DELETE	6.1 TIT	LE		Change Addition
NAME			6.2 NA	ME	60000225	<u> </u>
STREET ADDRESS			6.3 ST	REET AODRESS	-06/06/97010	28001
CITY-ST-ZIP			6.4 CI	Y-ST-ZIP	***2145.00	

14. 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 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.