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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000085088

1. Corporation Name

SUNRISE PROPERTIES INTERNATIONAL VI, CORP.

Principal Place of Business

13499 Biscayne Blvd.

No. Miami, FL 33181

No. Miami, FL 33181

FILED
May 27 1997 8:00am
Secretary of State



| . リンセララ | precalue prod. | 13499 B1SCa | iyne B | ⊥va. | | |
|--|---|---------------------|--|--|--|------------------------------|
| No. M | iami, FL 33181 | No. Miami, | | 3181 | | |
| | - | • | _ | • | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| | | | | | 11/6/95 | Sa. Date of Last Report |
| 2. Principal F | Place of Business | 2a. Mailing Address | 2a. Mailing Address | | 4. FEI Number | IV Applied Co. |
| 21 | | | 26 | | 650662675. | X Applied For |
| Suite, Apt. | #, eic. | Suite, Apt. #, etc. | - | | | - CO 75 Additional |
| 22 | | <u> </u> | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & Stat | :e | City & State | | | 6. Election Campaign Financing | |
| 23 | | 28 | 28 | | Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country Zip | | Cour | ntry | 8. This corporation has liability for it | |
| 24 | 25 | 29 | 30 | | Florida Statutes | |
| | ent Registered Agent | | 10. Name and Address of New Registered Agent | | gistered Agent | |
| ٠ و | · | | | 81 Name | | |
| MA | NUEL M. ARVESU, | P.A. | 82\ Street Add | | ddrong (D.O. Boy Number in Not Appearable) | |
| | O SE 2nd Street | | 82 Street Add | | ddress (P.O. Box Number is Not Acceptable) | |
| | ite 37,00) | \ | Ì | 83 | | |
| Mia | ami, ÆL / 331 3 /1 | 1 | | | | |
| | | } | | 84 City | | FL 85 Zip Code |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1565 Florida Statutes, the above named cornoration submits this statement for the purpose of changing its reciprocal | | | | | | |
| office or registered agent, or both, in the Sate of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered | | | | | | |
| 11. Pursuant to the provisors of Sections 807.09.02 and 607.1565. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the Sata of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familier with any accept the obligations of, Section 607.0505, Florida Statutes. Manuel M. Arvesu | | | | | | |
| SIGNATURE | Secure, typed or printed name of registered a | | | | equired when reinstating) | _ |
| 12, | | ND DIRECTORS | 13. | The state of the s | ADDITIONS/CHANGES TO OFFIC | FRS AND DIRECTORS IN 12 |
| TITLE | P | DELETE | 1.1 TUT | LE | | Change Addition |
| NAME | Lopez, Camilo | | 1.2 NA | MF | | |
| STREET ADDRESS | 13400 Pierran Plant | | | REET ADDRESS | | |
| CITY-ST-ZIP | In Mismi Int 22101 | | Y-ST-ZIP | • | | |
| TITLE | | | 2.1 111 | | | Change Addition |
| NAME | 1 | | 2.2 NA | i i | | |
| STREET ADDRESS | | | | REET ADDRESS | | . 1 |
| CITY-ST-ZIP | laa | | 1 | TY-ST-ZIP | | |
| TITLE | DELETE 3.1 | | | | | Change Addition |
| NAME | | | 3.2 NA | 1 | I | C oncome C requirem |
| STREET ADDRESS | | | | REET ADDRESS | | |
| City-St-ZiP | | | | TY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 101 | | | Change Addition |
| NAME | | | 4. 2 NA | 1 | | |
| STREET ADDRESS | | | • | REET ADDRESS | | |
| CITY-ST-ZIP | | | 1 | | | <i> </i> . |
| TITLE | | DELETE | 5,1 TIT | Y-ST-ZIP | | Change 2 Addition |
| NAME | | tool vectit | 5.2 NA | | | AN TINDO |
| STREET ADDRESS | | | 1 | [| | 415114177 |
| | | | | REET ADDRESS | , | |
| CITY-ST-ZIP | | ☐ DELETE | 5.4 CIT 6.1 TIT | Y-ST-ZIP | | Change Addition |
| NAME | | الم مدروات | | | Chanasan | |
| | | | 6.2 NA | i | 50000220: -00/00/07: 0100 | |
| STREET ADDRESS | · · | | | REET ADDRESS | -06/06/970102 | onn1 |
| CITY-ST-ZIP | | | 64 CH | Y-ST-ZIP | ***2145.00 | ì |

14. I do hereby certify that the information supplied with this filling 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 phanged; or on an attachment with an address.