

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 JUN -3 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000087007 (7)

1. Corporation Name

L.I. SUNRISE COMPANY

Principal Place of Business

916 N.W. 3RD AVENUE
HOMESTEAD FL 33030

Mailing Address

916 N.W. 3RD AVENUE
HOMESTEAD FL 33030

3. Date Incorporated or Qualified
11/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BORDEN, IRENE E
916 N.W. 3RD AVENUE
HOMESTEAD FL 33030

81 Name

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

83

84 City

FL

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 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 block if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

DELETE

NAME

RAMIREZ, LUIS

STREET ADDRESS

916 N.W. 3RD AVENUE

CITY-ST-ZIP

HOMESTEAD FL 33030

TITLE

STD

DELETE

NAME

BORDEN, IRENE E

STREET ADDRESS

916 N.W. 3RD AVENUE

CITY-ST-ZIP

HOMESTEAD FL 33030

TITLE

NAME

DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

600001854476
06/07/96-01002-010
****225.00 ****225.00

14. I do hereby certify that the information supplied with this filing 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 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 in an attachment with an address.

SIGNATURE:

Luis Ramirez

PRES

5/5/96

Date

Daytime Phone #

CR2E034 (12/95)