## 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

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90032 023 \*\*\*150.00

## DOCUMENT # P9600005069

SUNRISE STATION, INC.

Principal Place	e of Business	Mailir	ng Address					-	8131 88111 35111 81		MANKA Andra IAto dana
12398 S.W. 82		12398	S.W. B2 AVE.								
MIAMI FL 33150	6		MIAMI FL 33156						TE IN THE 6		
บร		US						201101111	ITE IN THIS S	SPACE	····
								3. Date incorporated or Qualifed			ļ
								01/17/1996			, p 15
2. Principal Pl	lace of Business	— —	lailing Address					4. FEI Number			Applied For
21		26						65-0639027		607	Not Applicable
Suite, Apt.	#, etc.	<u> </u>	uite, Apt. #, etc.					5. Certifcate of Status Desired			5 Additional e Required
22		27	City & State	_				2 5 5 0 5 5			
City & State	e	<del></del>	nly a State					6. Election Campaign Financing Trust Fund Contribution		•	00 May Be ted to Fees
Zip	Country	<b>28</b> Zi	in	Co	untry			This corporation owes the cur	root year Into		led to 1 des
<b>⊢</b> '		<del></del>	η.	30	, Ci i a y			Personal Property Tax.	-	Yes	□No
24	9. Name and Address of Cu	29	red Agent	30				10. Name and Address of New			
	5. Name and Address of Co.	i terit Keyister	red Agent		81	Name	9	TO. Harris and Flagrades of Harr			
GOR	RMAN, LENARDY H				Ш	l	_				
	5 S LE JEUNE RD				82	Stree	t Addre	ss (P.O. Box Number is Not Accept	table)		
	THOUSE 1-D				83						
	RAL GABLES FL 33134				03						
<b>4</b>					84	City			Fi	85	Zip Code
					لــــاِــ		,				- '
11. Pursuant	to the provisions of Sections 607.	.0502 and 607. late of Florida	.1508, Florida Statu Such change was .	ites, the authorize	abov€ ₃d bv	e-name the cor	d corpoi poration	ration submits this statement for the o's board of directors. I hereby acce	ept the appoin	nanging tment a	g its registered
agent. I a	m familiar with, and accept the ob	ligations of, Se	ection 607.0505, FI	orida Sta	tutes.	•		,			
ļ											
SIGNATURE											
	Signature, typed or printed name of registered		, , , , , , , , , , , , , , , , , , , ,		<u> </u>	t signature	e required	when reinstating)	DATE AND		2TOPS IN 12
12.	OFFICERS	agent and title if ap	rors .	13		t signature	bentupen e	when reinstating) ADDITIONS/CHANGES TO OF			
12.	OFFICERS PSTD		, , , , , , , , , , , , , , , , , , , ,	1.1	TITLE	t signature	e required o	<u>-</u>		DIREC	
12. TITLE NAME	PSTD PSTD FONTECILLA, CARLOS		rors .	1.1 T	TITLE NAME			<u>-</u>			
12.	OFFICERS PSTD FONTECILLA, CARLOS 12398 S.W. 82 AVE.		rors .	1.1 1 1.2 1 1.3 5	TITLE NAME STREET	ADDRES:		<u>-</u>			
12. TITLE NAME	PSTD PSTD FONTECILLA, CARLOS		TORS DELETE	13 1.11 1.21 1.33 1.40	TITLE NAME STREET CITY-ST	ADDRES:		<u>-</u>		☐ Char	nge [] Addition
12. TITLE NAME STREET ADDRESS	OFFICERS PSTD FONTECILLA, CARLOS 12398 S.W. 82 AVE.		rors .	13 1.11 1.21 1.33 1.40	TITLE NAME STREET	ADDRES:		<u>-</u>			nge [] Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS PSTD FONTECILLA, CARLOS 12398 S.W. 82 AVE.		TORS DELETE	13 1.11 1.21 1.33 1.40 2.11	TITLE NAME STREET CITY-ST	ADDRES:		<u>-</u>		☐ Char	nge [] Addition
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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 receivement 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 attachyrent with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)