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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra D. Morthem
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000005690 (8)

1. Corporation Name
1075 WEST SUNRISE CORP.



Principal Place of Business
3700 ISLAND BLVD., #C204
NORTH MIAMI BEACH FL 33160

Mailing Address
3700 ISLAND BLVD., #C204
NORTH MIAMI BEACH FL 33160-4952

3. Date Incorporated or Qualified 01/17/1996
3a. Date of Last Report Jan 96

2. Principal Place of Business
21 1337 Ocean Breeze Dr.
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 800303
Suite, Apt. #, etc.

4. FEI Number 05-0720431
Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 33050
25 Monroe

28 33280
29 Aveventura

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33050
25 Monroe

29 33280
30 Aveventura

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOSS, JEREMY A ESQ.
4000 HOLLYWOOD BLVD., SUITE 265 SOUTH
HOLLYWOOD FL 33021

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 title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WEINTRAUB, ALLEN
STREET ADDRESS 3700 ISLAND BLVD., #C204
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
P.O. Box 800303
Aventura FL 33280 (N/A)

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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, its 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: [Signature] Date: 4/15/97 3:05 PM

CR2E034 (9/96)