

P960000005690

- P.O. Box 800303 -
- Aventura FL 33280 -

Office Use Only

R(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 NOV 18 AM 11:04

APPROVED
AND
FILED

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-11/21/97-01021-011
*****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

P96000005690
308
RAC
11-18-97

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 4, 1997

1075 WEST SUNRISE CORP.
P.O. BOX 800303
AVENTURA, FL 33280 US

SUBJECT: 1075 WEST SUNRISE CORP.
Ref. Number: P96000005690

Our records indicate the registered agent for the above named corporation resigned on October 24, 1997 and that the corporation currently does not have a registered agent designated.

Chapter 607, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Enclosed is registered agent designation application for you to complete and return with a filing fee of \$35.

If you should need any further information, please contact our office at (850)-487-6050.

Carol Mustain
Corporate Specialist

APPROVED
AND
FILED

97 NOV 18 AM 11:04

RECEIVED

97 NOV 17 AM 8:52
DIVISION OF CORPORATIONS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: 1075 W. Sunrise Corp
2. The mailing address of the corporation is: P.O. Box 800303
Aventura Fl 33280
3. Date of incorporation/qualification: 1/96 Document number: P96000005690
4. The name and address of the current registered agent and office:

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Allen Wentz
2800 Island Blvd
Miami Fl 33160

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Allen Wentz 11/13/97
(Signature of an officer, chairman or vice chairman of the board) (Date)
Allen Wentz President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Allen Wentz 11/13/97
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Allen Wentz President
(Typed or Printed Name) (Capacity)

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AND
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TALLAHASSEE, FLORIDA