

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90177 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000064604

1. Corporation Name
HDB SUNRISE, INC.



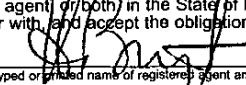
Principal Place of Business 3810 N.E. 28TH AVENUE LIGHTHOUSE POINT FL 33064	Mailing Address 3810 N.E. 28TH AVENUE LIGHTHOUSE POINT FL 33064
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3080 NE 47 COURT Suite, Apt. #, etc. 22 #404 City & State 23 FT. LAUDERDALE - FLA. Zip 24 33308 Country 25 USA		2a. Mailing Address 26 3080 NE 47ct Suite, Apt. #, etc. 27 #404 City & State 28 FT. LAUD FLA Zip 29 33308 Country 30 USA		3. Date Incorporated or Qualified 07/20/1998	
4. FEI Number 65-0852150		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent OLIVEIRA, AMILCAR LUIS 3810 N.E. 28TH AVENUE LIGHTHOUSE POINT FL 33064		10. Name and Address of New Registered Agent 81 Name BURSZEIN, HUGO 82 Street Address (P.O. Box Number is Not Acceptable) 3080 NE 47ct 83 #404 84 City FT. LAUDERDALE FL 85 Zip Code 33308	
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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  DATE 4-19-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURSZEIN, HUGO	1.2 NAME	BURSZEIN, HUGO
STREET ADDRESS	3810 N.E. 28TH AVENUE	1.3 STREET ADDRESS	3080 NE 47ct #404
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	1.4 CITY-ST-ZIP	FT. LAUD. - FLA. 33308
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURSZEIN, DIANA	2.2 NAME	BURSZEIN, DIANA
STREET ADDRESS	3810 N.E. 28TH AVENUE	2.3 STREET ADDRESS	3080 NE 47ct #404
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	2.4 CITY-ST-ZIP	FT. LAUD - FLA. 33308
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED HUGO BURSZEIN 4-19-99 954-776-0721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)