

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

**APPROVED AND FILED**

**95 MAR 16 AM 11:09**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **S04440 (1)**

1. Corporation Name  
**2C-115 SUNRISE, INC.**

Principal Place of Business: **601 BRICKELL KEY DRIVE SUITE 500 MIAMI FL 33137 US**

Mailing Address: **601 BRICKELL KEY DRIVE SUITE 500 MIAMI FL 33137 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/21/1990**

3a. Date of Last Report: **08/12/1994**

4. FEI Number: **65-0253270**

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

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business

21 **2699 SOUTH BAYSHORE DR**

22 **SUITE 700**

23 **MIAMI, FL**

24 **33133**

25 **USA**

2a. Mailing Address

26 **2699 SOUTH BAYSHORE DR**

27 **SUITE 700**

28 **MIAMI, FL**

29 **33133**

30 **USA**

9. Name and Address of Current Registered Agent

**REGISTERED AGENT + OFFICE INC  
601 BRICKELL KEY DRIVE  
SUITE 501  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name: **SAME**

82 Street Address (P.O. Box Number is Not Acceptable): **2699 SOUTH BAYSHORE DR**

83 **SUITE 700**

84 City: **MIAMI**

85 Zip Code: **FL 33133**

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: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LIAN, ALFREDO, ACOSTA
STREET ADDRESS	QUINTA TAN-GER
CITY- ST- ZIP	CARACAS, VENEZUELA
TITLE	VT
NAME	GOYTISOLO, JORGE, A
STREET ADDRESS	8716 VALLEYFIELD RD
CITY- ST- ZIP	LUTHERVILLE MD
TITLE	S
NAME	GOYTISOLO, AGUSTIN DE
STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 501
CITY- ST- ZIP	MIAMI FL
TITLE	AS
NAME	GOYTISOLO, MARIANA
STREET ADDRESS	8716 VALLEYFIELD RD
CITY- ST- ZIP	LUTHERVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 (change), or on an attachment with an address.

SIGNATURE: *[Signature]* **VICE PRESIDENT** **3/12/95** **(410) 321-6108**

DO NOT WRITE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR