

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

05 MAY -1 PM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V57915** (3)  
1. Corporation Name  
**SUNRISE PUBLICATIONS, INC.**

Principal Place of Business Making Address  
**13831 SW 59 ST.  
SUITE 107  
MIAMI FL 33183**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/17/1992** 3a. Date of Last Report **11/14/1994**

4. FEI Number **65-0348152** Applied For  Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Making Address

21 Suite, Apt # etc

26 **PO. Box 431213**

22 City & State

27 **South Miami, FL**

23 Zip Country

28 **33243-1213** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRAVELSTEAD, COLEMAN  
13831 SW 59 ST.  
SUITE 107  
MIAMI FL 33183**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>
NAME	<b>TRAVELSTEAD, COLEMAN</b>
STREET ADDRESS	<b>13831 SW 59 ST STE 107</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>CD</b>
NAME	<b>ESTRADA, FRED</b>
STREET ADDRESS	<b>999 PONCE DE LEON #600</b>
CITY, ST, ZIP	<b>CORAL GABLES FL 33134</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1.3 STREET ADDRESS	<b>999 PONCE DE LEON #600</b>
1.4 CITY, ST, ZIP	<b>CORAL GABLES, FL 33134</b>
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 on this filing is complete, correct and does not qualify for the exemption stated in Sections 110.02(5)(b), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 registered agent or authorized representative to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. (For an attachment, see the address.)

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/95** 305-442-2462  
Date Signature