

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **718895** (6)

1. Corporation Name

RED SUNSET MERCHANTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5854 S DIXIE HWY
SOUTH MIAMI FL 33143**

**5854 S DIXIE HWY
SOUTH MIAMI FL 33143-3645**



3. Date Incorporated or Qualified
07/23/1970

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 **5822 SUNSET DR.**

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 City, State

Country

24

25

29 **33143**

30 **U.S.A.**

4. FEI Number
59-1634848

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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GARCIA, JORGE
5610 SUNSET DRIVE
SOUTH MIAMI FL 33143**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1509, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and file if applicable

Jorge L. Garcia
(NOTE: Registered Agent signature required when reinstating)

1-7-97
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DORFMAN, KAREN	
STREET ADDRESS	5832 SUNSET DR	
CITY-ST-ZIP	S. MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, LYDIA	
STREET ADDRESS	500 SAVONA AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, JORGE	
STREET ADDRESS	5810 SUNSET DR	
CITY-ST-ZIP	S MIAMI FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, LYDIA	
STREET ADDRESS	5854 S DIXIE HWY	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DE ALFARO, LULI FRANCHI	
STREET ADDRESS	5822 SUNSET DR	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BEINER, DANIELLE	
STREET ADDRESS	5817 SUNSET DR	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JORGE L. GARCIA	
1.3 STREET ADDRESS	5610 SUNSET DR.	
1.4 CITY-ST-ZIP	MIAMI, FL 33143	
2.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JAVIER ACOSTA	
2.3 STREET ADDRESS	5610 SUNSET DR.	
2.4 CITY-ST-ZIP	MIAMI, FL 33143	
3.1 TITLE	SECY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EILA RASO	
3.3 STREET ADDRESS	5760 SUNSET DR.	
3.4 CITY-ST-ZIP	MIAMI, FL 33143	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, as required, or as an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0030131**

CR2E037 (9/96)