

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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**

**5822 SUNSET DR
MIAMI FL 33143
US**

3. Date Incorporated or Qualified

07/23/1970

4. FEI Number

59-1634848

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 7800 Red Road

26 7800 Red Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 219AA

27 Suite 219AA

City & State

City & State

23 South Miami, FL

28 South Miami, FL

Zip

Country

Zip

Country

24 33143

25 U.S.A.

29 33143

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARCIA, JORGE
5810 SUNSET DRIVE
SOUTH MIAMI FL 33143**

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 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed name of registered agent and title if applicable

Jorge L. Garcia

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE

NAME **GARCIA, JORGE L.**
STREET ADDRESS **5810 SUNSET DR**
CITY-ST-ZIP **MIAMI FL**

TITLE **VPD** ☒ DELETE

NAME **ACOSTA, JAVIER**
STREET ADDRESS **5810 SUNSET SR**
CITY-ST-ZIP **MIAMI FL**

TITLE **ST** ☒ DELETE

NAME **RAGO, EILA**
STREET ADDRESS **5750 SUNSET DR**
CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☐ DELETE

NAME **DE ALFARO, LULI FRANCHI**
STREET ADDRESS **5822 SUNSET DR**
CITY-ST-ZIP **SOUTH MIAMI FL 33143**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara M. Gonzalez, Secy* **BARBARA M. GONZALEZ**

1/23/98 **1/23/98** *(305) 661-4814* **(305) 661-4814**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0030054

CR2E037 (10/97)