FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 28 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **763678** **(0)**

1. Corporation Name

SWEETWATER VILLAS WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% ACTION GENERAL SERVICES, CORP. P.O. BOX 110548 HIALEAH FL 33011-0548	% ACTION GENERAL SERVICES, CORP. P.O. BOX 110548 HIALEAH FL 33011-0548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1982
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2808934 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NODAL, RAFAEL A.
ACTION GENERAL SERVICES CORP
1490 W. 49TH PLACE, STE. 515
HIALEAH FL 33012

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 607.0502 and 607.1505, 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 _____ Rafael A. Nodal 3/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	TIJERINO, CARLOS	12 NAME		
STREET ADDRESS	11 S.W. 113 AVE., #101	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	PRADO, EMIGDIO	22 NAME		
STREET ADDRESS	11 S.W. 113 AVE., #103	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	MONZON, ESTEBAN	32 NAME		
STREET ADDRESS	23 SW 113 AVE., #105	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	CORDOVA, GUSTAVO	42 NAME	Lazaro Galvez	
STREET ADDRESS	13 SW 113 AVE., #105	43 STREET ADDRESS	23 S.W. 113 Ave. #104	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	Miami, Fl. 33174	
TITLE		51 TITLE	VP	☒ Change ☐ Addition
NAME		52 NAME	Gustavo Cordova	
STREET ADDRESS		53 STREET ADDRESS	13 S.W. 113 Ave. #105	
CITY-ST-ZIP		54 CITY-ST-ZIP	Miami, Fl. 33174	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

3/30

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)(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: (X) _____ Carlos Tijerino 03/08/95 823-1201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000B921