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Mar 04 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 # 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

3. Date Incorporated or Qualified
06/15/1982

3a. Date of Last Report
03/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Emigdio Prado

82 Street Address (P.O. Box Number is Not Acceptable)

11 S.W. 113th Ave. #103

83

84 City

Miami

FL

85 Zip Code

33174

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Emigdio Prado

DATE

2-21-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME TJERINO, CARLOS
STREET ADDRESS 11 S.W. 113 AVE., #101
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME PRADO, EMIGDIO
STREET ADDRESS 11 S.W. 113 AVE., #103
CITY-ST-ZIP MIAMI FL

1.2 NAME ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME MONZON, ESTEBAN
STREET ADDRESS 23 SW 113 AVE., #105
CITY-ST-ZIP MIAMI FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME CORDOVA, GUSTAVO
STREET ADDRESS 13 SW 113 AVE #105
CITY-ST-ZIP MIAMI FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GALVEZ, LAZARO
STREET ADDRESS 23 SW 113 AVE #104
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emigdio Prado 2/21/99 823-1201

CR2E037 (9/96)