

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

SUNSIDE APARTMENTS, INC.

K92982

Principal Place of business

7600 W 20th. Ave.
Suite 213
Hialeah, Fl. 33016
US

Mailing Address

7600 W. 20th. Ave.
Suite 213
Hialeah, Fl. 33016
US

3. Date Incorporated or Qualified
6/2/89

3a. Date of Last Report
3/96

2. Principal Place of Business

21 7600 W. 20th. Ave.

22 Suite Apt. #, etc.
Suite 213

23 City & State
Hialeah, Fl.

24 Zip
33016

25 Country
US

2a. Mailing Address

26 7600 W. 20th. Ave.

27 Suite Apt. #, etc.
Suite 213

28 City & State
Hialeah, Fl.

29 Zip
33016

30 Country
US

4. FEI Number
65-0137764

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

DELGADO, RENAN E.
7600 West 20th. Ave. Ste. 213
Hialeah, Fl. 33016

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 607.1508, 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

(Signature typed or printed name of registered agent and the 4 applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ DELETE
NAME	PD
STREET ADDRESS	DELGADO, RENAN E
CITY- ST- ZIP	7600 W 20th. Ave. Ste. 213 Hialeah, Fl. 33016
TITLE	☐ DELETE
NAME	VD
STREET ADDRESS	DELGADO, ANTONIO
CITY- ST- ZIP	7600 W 20th. Ave. Ste. 213 Hialeah, Fl. 33016
TITLE	☐ DELETE
NAME	STD
STREET ADDRESS	DELGADO, ALEIDA
CITY- ST- ZIP	7600 W 20th. Ave. Ste 213 Hialeah, Fl. 33016
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	

900002148143
-04/18/97--01096--034
***165.00

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 607, 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

4/10/97

(305) 821-3518

Date

Daytime Phone #

CR2E034 (9/96)