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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M37168

(5)

SUNSET HEIGHTS RESIDENCE INC.

FILED May 02 1997 8:00am Secretary of State



Principal Place of Business C/O MARIO R. PAULA 8370 S.W. 43RD STREET MIAMI FL 33155		Mailing Address C/O MARIO R. PAULA 8370 S.W. 43RD STREE MIAMI FL 33155-4215	C/O MARIO R. PAULA 8370 S.W. 43RD STREET			- I TO BLOCK IT THE CHAIN DOESN'T HAVE BATTER MAKE BATTER			
						3. Date Incorporated or Qualif 08/21/1986		Date of Last)8/19/1996	
2. Principal 21	Place of Business	2a. Mailing Address 26	26			4, FEI Number 59-2709590			Applied For Not Applicable
Suite, Api	t #, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Sta	ate	City & State				Election Campaign Financia Trust Fund Contribution	,o		D May Be to Fees
<i>2</i> ip	Country	Zip	—	untry		8. This corporation has liability	for intang	ible tax under	s. 199.032,
24	25 9. Name and Address of Curre	29	30	1		Florida Statutes 10. Name and Address of New		□ No	
DA	ULA, MARIO R.	ant negistered Agent		81	Name	10. Name and Address of New	A Magister	eo Agent	······································
	1 S.W. 73RD PLACE								
	AMI FL 33144			82	Street Addr	ress (P.O. Box Number is Not Acce	ptable)		
****				83					
		•		84	City		E	85 Zip	Code
SIGNATURE 12.	Slipnature, typed or printed name of registered a		OTE: Register	ed Age		red when reinstating) ADDITIONS/CHANGES TO (DAY	E	DRS IN 12
NAME STREET ADDRESS OUTY-ST-ZIP	PAULA, NILA M.	_ biten	1.2 (NAME	ADDRESS	•	· 1		Lad Poulto
TITLE NAME STREET ADDRESS CITY: ST-ZIP	TD PAULA, MARIO S. 941 SW 73RD PL MIAMI FL	☐ DELETE	2.11 2.21 2.31	TITLE NAME STAEET	ADDRESS ST-ZIP	A COLOR OF THE COL		Change	Addition
TITLE	SD	☐ DELETE		ITLE	<u> </u>			Change	Addition
NAME STREET ADORESS	PAULA, MARIO R. 941 SW 73RD PL			NAME STREET	ADORESS				
CITY-ST-ZIF	MIAMI FL		34.	CITY-5	SY-ZIP				
THILE		☐ DELETE	•	TITLE				Change	Addition
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STREET ADDRESS	5			STREET SITY-S	ADDRESS				
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NAME				NAME]				
STREET ADDRESS	s				ADDRESS				
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TITLE		DELETE		TITLE			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition
NAME			6.2	NAME	\	•			
STREET ADDRESS	S		63	STREET	ADORESS				
011Y-\$1-ZIP			641	CITY-5	ST-21P				

14. I do hereby certify that the information supplied with this filling 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 supplierental 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 of the receiver of 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: