

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 JUL -6 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995-6-95
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 STATE OF CORPORATIONS
B-7476
DOCUMENT # N16541 (7)
 1. Corporation Name
SUNSET ACRES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1508 SW 103 AVENUE MIAMI FL 33174
1508 SW 103 AVENUE MIAMI FL 33174

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/24/1986** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0065999** 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 authority for filing under S. 1193, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SOSA, HECTOR V.
 1508 SW 103 AVE.
 MIAMI FL 33174**

01 Name
 02 Street Address (P.O. Box Number is Not Acceptable)
 03
 04 City **FL** 05 Zip Code

10. Name and Address of New Registered Agent

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 _____ DATE _____
(Signature must be printed name of registered agent and the filer of this statement) (Date: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSA, HECTOR	12 NAME	
STREET ADDRESS	1508 SW 103 AVE.	13 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	14 CITY, ST, ZIP	Miami, FL, 33174
TITLE	VPD--	21 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SORDO, MIAMI	22 NAME	Emilio Sorondo
STREET ADDRESS	3601 NW 20 ST--	23 STREET ADDRESS	2000 S.W. 27 Ave. - S101
CITY, ST, ZIP	MIAMI FL----	24 CITY, ST, ZIP	Miami, FL, 33145
TITLE	SD-	31 TITLE	Vice-Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORESTES, ROMERO	32 NAME	
STREET ADDRESS	1311 SW 128 PLACE	33 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL--	34 CITY, ST, ZIP	Miami, FL, 33184
TITLE	T	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLALOBOS, CARLOS	42 NAME	
STREET ADDRESS	5924 NW 39 STREET	43 STREET ADDRESS	
CITY, ST, ZIP	VIRGINIA GARDENS FL-	44 CITY, ST, ZIP	Virginia Gardens, FL, 33166
TITLE		51 TITLE	Vice-Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	Jose Armenteros
STREET ADDRESS		53 STREET ADDRESS	13905 S.W.107 Court
CITY, ST, ZIP		54 CITY, ST, ZIP	Miami, FL, 33176
TITLE		61 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	Sandra Pordomo
STREET ADDRESS		63 STREET ADDRESS	243 S.W. 56 AVENUE
CITY, ST, ZIP		64 CITY, ST, ZIP	Miami, FL, 33134

14. I do hereby certify that the information required with this report is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), 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: _____ DATE: **6/10/95** (305) 552-1293
(Name and Typed or Printed Name of Boarding Officer or Director) (Date) (Phone Number)