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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16541 (7)
 1. Corporation Name
SUNSET ACRES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 1508 SW 103 AVENUE - MIAMI FL 33174	Mailing Address 1508 SW 103 AVENUE - MIAMI FL 33174-2777
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3. Date Incorporated or Qualified 07/24/1986	3a. Date of Last Report 09/24/1996
4. FEI Number 65-0065999	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 6861 Sunrise Ct.	2a. Mailing Address 26 6861 Sunrise Ct.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Coral Gables, Fl.	28 City & State Coral Gables, Fl.
24 Zip 33133	25 Country Dade
29 Zip 33133	30 Country Dade

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	6861 Sunrise Ct.
83 City	Coral Gables, FL
84 Zip Code	33133

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	-VPD	<input type="checkbox"/> DELETE
NAME	SOSA, HECTOR	
STREET ADDRESS	1508 SW 103 AVE -	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	-RD	<input type="checkbox"/> DELETE
NAME	-RUJZ, RAFAEL E.	
STREET ADDRESS	3281 S.W. 18 TERRACE	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	AS-	<input checked="" type="checkbox"/> DELETE
NAME	MONTE6 DE OGA, JOSIE -	
STREET ADDRESS	8330 N.W. 478 STREET	
CITY-ST-ZIP	HALEAH FL 33015 -	
TITLE	AT-	<input type="checkbox"/> DELETE
NAME	VILLALOBOS, CARLOS -	
STREET ADDRESS	4021 N.W. 60 AVENUE -	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166 -	
TITLE	TD-	<input checked="" type="checkbox"/> DELETE
NAME	ARMENTEROS, JOSE	
STREET ADDRESS	13905 S.W. 107 COURT -	
CITY-ST-ZIP	MIAMI FL 33176 -	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PERDOMO, SANDRA	
STREET ADDRESS	243 S.W. 56 AVENUE	
CITY-ST-ZIP	MIAMI FL 33134	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sosa, Hector	
1.3 STREET ADDRESS	6861 Sunrise Ct.	
1.4 CITY-ST-ZIP	Coral Gables, Fl. 33133	
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ruiz, Rafael E.	
2.3 STREET ADDRESS	3281 S.W. 18 Terrace	
2.4 CITY-ST-ZIP	Miami, Florida 33145	
3.1 TITLE	A/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Silva, Fernando	
3.3 STREET ADDRESS	9620 S.W. 77 Street	
3.4 CITY-ST-ZIP	Miami, Florida 33173	
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Villalobos, Carlos	
4.3 STREET ADDRESS	4021 N.W. 60 Avenue	
4.4 CITY-ST-ZIP	Virginia Gardens, Fl. 33166	
5.1 TITLE	A/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Romero, Orestes	
5.3 STREET ADDRESS	1311 S.W. 126 Place	
5.4 CITY-ST-ZIP	Miami, Florida 33184	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 _____ DATE **4/24/97**
Carlos Villalobos, Treasurer (305) 552-1293

CR2E037 (9/96)