


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 09 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1508 SW 103 AVENUE - MIAMI FL 33174</b>	Mailing Address <b>1508 SW 103 AVENUE - MIAMI FL 33174-2777</b>
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2. Principal Place of Business <b>21 6861 Sunrise Ct.</b>		2a. Mailing Address <b>26 6861 Sunrise Ct.</b>		3. Date Incorporated or Qualified <b>07/24/1986</b>		3a. Date of Last Report <b>09/24/1996</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>65-0065999</b>		Applied For Not Applicable	
23 City & State <b>Coral Gables, Fl.</b>		28 City & State <b>Coral Gables, Fl.</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
24 Zip <b>33133</b>		25 Country <b>Dade</b>		29 Zip <b>33133</b>		30 Country <b>Dade</b>	
9. Name and Address of Current Registered Agent <b>SOSA, HECTOR V 1508 SW 103 AVE. MIAMI FL 33174</b>				10. Name and Address of New Registered Agent			

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 <b>6861 Sunrise Ct.</b>	
84 City <b>Coral Gables,</b>	85 Zip Code <b>FL 33133</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>-VPD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOSA, HECTOR</b>	1.2 NAME	<b>Sosa, Hector</b>
STREET ADDRESS	<b>1508 SW 103 AVE -</b>	1.3 STREET ADDRESS	<b>6861 Sunrise Ct.</b>
CITY-ST-ZIP	<b>MIAMI FL 33174</b>	1.4 CITY-ST-ZIP	<b>Coral Gables, Fl. 33133</b>
TITLE	<b>-RD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VP/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>-RUZ, RAFAEL E.</b>	2.2 NAME	<b>Ruiz, Rafael E.</b>
STREET ADDRESS	<b>3281 S.W. 18 TERRACE</b>	2.3 STREET ADDRESS	<b>3281 S.W. 18 Terrace</b>
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	2.4 CITY-ST-ZIP	<b>Miami, Florida 33145</b>
TITLE	<b>AS-</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>A/S/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MONTE6 DE OGA, JOSIE -</b>	3.2 NAME	<b>Silva, Fernando</b>
STREET ADDRESS	<b>8330 N.W. 478 STREET</b>	3.3 STREET ADDRESS	<b>9620 S.W. 77 Street</b>
CITY-ST-ZIP	<b>HALEAH FL 33015</b>	3.4 CITY-ST-ZIP	<b>Miami, Florida 33173</b>
TITLE	<b>AT-</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VILLALOBOS, CARLOS -</b>	4.2 NAME	<b>Villalobos, Carlos</b>
STREET ADDRESS	<b>4021 N.W. 60 AVENUE -</b>	4.3 STREET ADDRESS	<b>4021 N.W. 60 Avenue</b>
CITY-ST-ZIP	<b>VIRGINIA GARDENS FL 33166</b>	4.4 CITY-ST-ZIP	<b>Virginia Gardens, Fl. 33166</b>
TITLE	<b>TD-</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>A/T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ARMENTEROS, JOSE</b>	5.2 NAME	<b>Romero, Orestes</b>
STREET ADDRESS	<b>13905 S.W. 107 COURT -</b>	5.3 STREET ADDRESS	<b>1311 S.W. 126 Place</b>
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	5.4 CITY-ST-ZIP	<b>Miami, Florida 33184</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERDOMO, SANDRA</b>	6.2 NAME	
STREET ADDRESS	<b>243 S.W. 56 AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	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 \_\_\_\_\_ **4/24/97**  
**Carlos Villalobos, Treasurer (305) 552-1293**

CR2E037 (9/96)