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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90194 025 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N16541

1. Corporation Name

SUNSET ACRES PROPERTY OWNERS ASSOCIATION, INC.

507463 - 90194 - 25

Principal Place of Business

Mailing Address

~~6801 SUNRISE CT~~
~~CORAL GABLES FL 33133~~
~~US~~

P.O. BOX 654206 --
 MIAMI FL 33265-4206 --



21. Principal Place of Business 3281 S W 18 Terrace	2a. Mailing Address P O Box 654206	3. Date Incorporated or Qualified 07/24/1986
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 65-0065999
23. City & State Miami, Florida	28. City & State Miami, Florida	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip 33145	25. Country USA	29. Zip 33265-4206
		30. Country USA
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SOSA HECTOR V~~
~~6801 SUNRISE CT~~
~~CORAL GABLES FL 33133~~

81. Name Rafael E. Ruiz
82. Street Address (P.O. Box Number is Not Acceptable) 3281 S W 18 Terrace
83.
84. City Miami, FL
85. Zip Code 33145

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 *Rafael E. Ruiz* Rafael E. Ruiz, President 04/27/99
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOSA, HECTOR		1.2 NAME Ruiz, Rafael E.	
STREET ADDRESS 6801 SUNRISE CT		1.3 STREET ADDRESS 3281 S W 18 Terrace	
CITY-ST-ZIP CORAL GABLES FL 33133		1.4 CITY-ST-ZIP Miami, Florida 33145	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RUIZ, RAFAEL E.		2.2 NAME Randolph, Herb	
STREET ADDRESS 6801 SUNRISE CT		2.3 STREET ADDRESS 136 Sunset Lane	
CITY-ST-ZIP CORAL GABLES FL 33133		2.4 CITY-ST-ZIP Tavernier, Florida 33070	
TITLE ASD	<input type="checkbox"/> DELETE	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SILVA, FERNANBO		3.2 NAME Silva, Fernando	
STREET ADDRESS 9350 SW 92 AVE		3.3 STREET ADDRESS 9350 S W 92 Avenue	
CITY-ST-ZIP MIAMI FL 33176		3.4 CITY-ST-ZIP Miami, Florida 33176	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VILLALOBOS, CARLOS		4.2 NAME Villalobos, Carlos	
STREET ADDRESS 4021 N.W. 60 AVENUE		4.3 STREET ADDRESS 4021 N W 60 Avenue	
CITY-ST-ZIP VIRGINIA GARDENS FL 33166		4.4 CITY-ST-ZIP Virginia Gardens, Florida 33166	
TITLE ATD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROMERO, GRESTES		5.2 NAME Macias, Luis	
STREET ADDRESS 1311 SW 126 PLACE		5.3 STREET ADDRESS 10750 N W 66 Street, Apt #103B	
CITY-ST-ZIP MIAMI FL 33184		5.4 CITY-ST-ZIP Miami, Florida 33178	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Rafael E. Ruiz* Rafael E. Ruiz President 04/27/99 (305) 485-3345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)