FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:26

DOCUMENT # P93000086418 (9)

1. Corporation Name
SUNSET REALTY & INVESTMENTS, CO.

Principal Place of Business	Mailing Address
POST OFFICE BOX 83-1226 MIAMI FL 33183	POST OFFICE BOX 83-1226 MIAMI FL 33183

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/17/1993	3a. Date of Last Report: 01/25/1994
4. FEI Number: 65-0454802	☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	25 7990 SW 117 AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 137
City & State 23 MIAMI, FLA	City & State 28 Miami, Fla
Zip 24 33183 Country 25 USA	Zip 29 33183 Country 30 USA

9. Name and Address of Current Registered Agent

SKINNER, TRUMAN
9130 S. DADELAND BLVD.
STE. 1509
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: TRUMAN SKINNER
82 Street Address (P.O. Box Number is Not Acceptable): SUITE 305
83: 4625 PONCE DE LEON BLVD
84 City: Coral Gables FL 85 Zip Code: 33146

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: Skinner TRUMAN
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	GARCIA, HECTOR	1.2 NAME	HECTOR GARCIA
STREET ADDRESS	9130 S. DADELAND BLVD. STE. 1509	1.3 STREET ADDRESS	9901 SW 145 TER
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	MIAMI, FLA 33176
TITLE		2.1 TITLE	SECRETARY ☐ Change ☒ Addition
NAME		2.2 NAME	CANDIDA GARCIA
STREET ADDRESS		2.3 STREET ADDRESS	3500 SW 112 PL.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FLA 33165
TITLE		3.1 TITLE	VICE-PRESIDENT ☐ Change ☒ Addition
NAME		3.2 NAME	HECTOR J. GARCIA
STREET ADDRESS		3.3 STREET ADDRESS	3500 SW 112 PL. 33165
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hector D Garcia 1/18/95 (305) 5969393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0432305 FP