

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**97 JAN 27 PM 12:19**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

**DOCUMENT # 457806 (8)**  
 1. Corporation Name  
**VILLA REAL CORP.**

Principal Place of Business: **2238 W 3 AVE HIALEAH FL 33010-8521**  
 Mailing Address: **2238 W 3 AVE HIALEAH FL 33010-1433**

3. Date Incorporated or Qualified: **09/09/1974**  
 3a. Date of Last Report: **04/10/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		<b>65-0070774</b>	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>JOSE PICO 2238 W 3 AVE HIALEAH FL 33010</b>	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ANGEL J	1.2 NAME	
STREET ADDRESS	2238 W 3 AVE	1.3 STREET ADDRESS	<b>200002069032--5</b>
CITY - ST - ZIP	HIALEAH FL 33010	1.4 CITY - ST - ZIP	<b>-01/27/97--01014--023</b>
TITLE	PDS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICO, JOSE	2.2 NAME	
STREET ADDRESS	2238 W 3 AVE	2.3 STREET ADDRESS	<b>****173.75 ****173.75</b>
CITY - ST - ZIP	HIALEAH FL 33010	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or in an attachment with an address.

SIGNATURE: **JOSE PICO** 1-24-97 305-595-1267  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)