

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAR -3 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000034984 (2)**

1. Corporation Name
FOUR WINDS SOCIETY, INC.

Principal Place of Business Mailing Address
**4835 S.W. 85TH ST.
MIAMI FL 33143** **4835 S.W. 85TH ST.
MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/05/1994** 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	130 Everglade Av	26	Box 2494	65-0489298		<input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23. City & State		28. City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Palm Beach FL		Palm Beach FL					
24	Zip	25	Country	29	Zip	30	Country
33480		Palm Beach		33480		Palm Beach	

9. Name and Address of Current Registered Agent
**VILLODO, ALBERTO
4835 S.W. 85TH ST.
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81	Name	Alberto Villodo	
82	Street Address (P.O. Box Number is Not Acceptable)		
83		130 Everglade Av	
84	City	Palm Beach	85 Zip Code FL 33480

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: *Alberto Villodo* DATE: **1/26/95**

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Alberto Villodo
STREET ADDRESS	130 Everglade Av
CITY - ST - ZIP	Palm Beach FL 33480
TITLE	President
NAME	Alberto Villodo
STREET ADDRESS	130 Everglade Av
CITY - ST - ZIP	Palm Beach FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information appears 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 an agent, or in an attachment with an address.

SIGNATURE: *Alberto Villodo* DATE: **1/26/95** TELEPHONE: **(407) 832-9702**