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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000082971 (9)

VILLA CONSTRUCTION, INC.

Principal Place of Business Mailing Address 7575 WEST FLAGLER STREET 7575 WEST FLAGLER STREET SUITE 203 SUITE 203 MIANH FE 33144 MAMP FL 33144-2467 3. Date Incorporated or Qualified 3a. Date of Last Report 10/27/1995 08/08/1996 2a. Mailing Address 4. FEI Number Applied For 65-0634354 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired SUITE 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199,032, 25 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BLONSKY, DANIEL F Name 2699 S. BAYSHORE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **PENTHOUSE** 83 MIAMI FL 33133 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. SIGNATURE Signalure, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) CIATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DETETE 1.1 1IILE Change Addition VILLAVERDE, RICHARD J NAME 1.2 NAME 7575 WEST-FLAGLER STREET: SUITE 203 4851 NW 79 AVE, SUITE 2 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL-63144 CITY-ST-ZIP MIAMI, FL 33166 1.4 CHTY-ST-ZIP DELETE TITLE Change 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change I\_ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 C/TY-ST-ZIP DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

nent with an address.

NONATURE.

14. I do hereby certify that the information supplied with information indicated on this annual report or supple I am an officer or director of the corporation or the appears in Block 12 or Block 131 changes in a supplied to the corporation of the appears in Block 12 or Block 131 changes in Block 131 or Block 131 changes in Block 132 or Block 131 changes in Block 132 or Block 131 changes in Block 132 or Block 133 in the Block 132 or Block 133 in the Block 133 i

CITY-ST-ZIP

4-27-97

Inis filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules, I further certify that the mental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that provides of trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name

(305) 2105-2401

**FILED** 

May 05 1997 8:00am

Secretary of State

CR2E034 (9/96)