

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

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**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90117 044 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000044094**

1. Corporation Name  
**VILLAVERDE PROPERTIES, INC.**



Principal Place of Business 241 CAPE FLORIDA DR. KEY BISCAYNE FL 33149	Mailing Address 241 CAPE FLORIDA DR. KEY BISCAYNE FL 33149
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

3. Date Incorporated or Qualified <b>05/23/1996</b>	
4. FEI Number <b>65-0669903</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

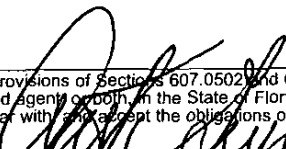
9. Name and Address of Current Registered Agent

~~ARAZOZA, COMAS, DE TORRES & FERNANDEZ FRAGA, P.A.~~  
~~101 MADEIRA AVE.~~  
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name <b>JOSE M. MARQUEZ, P.A.</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>c/o Alberto Guerra</b>	
83 <b>782 NW LeJeune Road, Suite 548</b>	
84 City <b>Miami</b>	85 Zip Code <b>FL 33126</b>

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 Guerra** January 27, 1999  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

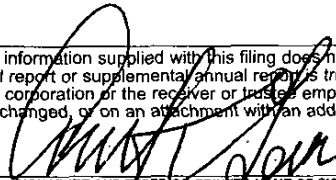
12. OFFICERS AND DIRECTORS

TITLE	<del>P</del> <input type="checkbox"/> DELETE
NAME	<del>HERRAN, MANUEL A.</del>
STREET ADDRESS	<del>8460 SW 5 ST.</del>
CITY-ST-ZIP	<del>MIAMI FL 33144</del>
TITLE	<del>S</del> <input type="checkbox"/> DELETE
NAME	<del>GUERRA, ARMANDO J.</del>
STREET ADDRESS	<del>9475 JOURNEY'S END ROAD</del>
CITY-ST-ZIP	<del>CORAL GABLES FL 33156</del>
TITLE	<del>P</del> <input type="checkbox"/> DELETE
NAME	<del>GUERRA, ALBERTO</del>
STREET ADDRESS	<del>241 CAPE FLA. DR.</del>
CITY-ST-ZIP	<del>KEY BISCAYNE FL 33156</del>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HERRAN, MANUEL A.
1.3 STREET ADDRESS	8460 SW 5th Street
1.4 CITY-ST-ZIP	Miami, Florida 33144
2.1 TITLE	VP/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GUERRA, ARMANDO J.
2.3 STREET ADDRESS	9475 Journey's End Road
2.4 CITY-ST-ZIP	Coral Gables, Florida 33156
3.1 TITLE	VP/AS/D- <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GUERRA, Alberto
3.3 STREET ADDRESS	241 Cape Florida Drive
3.4 CITY-ST-ZIP	Key Biscayne, FL 33149-2710
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Alberto Guerra** 1/27/99 (305) 447-1160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)