

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

FILED

Apr 11 1997 8:00am  
Secretary of State

|                                              |                                                                                   |                                                                                                                  |
|----------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|

|                                          |                                            |
|------------------------------------------|--------------------------------------------|
| <b>DOCUMENT #</b><br>1. Corporation Name | <b>P96 000071035</b><br>Villa del Mar, Inc |
|------------------------------------------|--------------------------------------------|

|                             |                 |
|-----------------------------|-----------------|
| Principal Place of Business | Mailing Address |
| 799 Jeffery Street, # 414   |                 |

|                                 |                         |                                                                                                                                                             |                                                                |
|---------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 2. Principal Place of Business  | 2a. Mailing Address     | 3. Date Incorporated or Qualified                                                                                                                           | 3a. Date of Last Report                                        |
| 21. 799 Jeffery Street, #414    | 26. SAME                | 8/26/96                                                                                                                                                     |                                                                |
| 22. Suite, Apt. #, etc. 414     | 27. Suite, Apt. #, etc. | 4. FEI Number                                                                                                                                               | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 23. City & State Boca Raton, FL | 28. City & State        | 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                        | \$8.75 Additional Fee Required                                 |
| 24. Zip 33483                   | 29. Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                             | \$5.00 May Be Added to Fees                                    |
| 25. Country USA                 | 30. Country             | 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                                                                                                                                                        |
| AmeriLawyer<br>343 Almeria Ave.<br>Coral Gables, FL 33134 | 81. Name Law Offices of Ed Bush & Associates, P.A.<br>82. Street Address (P.O. Box Number is Not Acceptable) 301 Clematis Street, Ste. 200<br>83.<br>84. City West Palm Beach FL 85. Zip Code 33401 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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: Ed Bush, FBN 940578 DATE: 4-1-97

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 1. Director <input type="checkbox"/> DELETE<br>2. <input type="checkbox"/> DELETE<br>3. <input type="checkbox"/> DELETE<br>4. <input type="checkbox"/> DELETE<br>5. <input type="checkbox"/> DELETE<br>6. <input type="checkbox"/> DELETE<br>7. <input type="checkbox"/> DELETE<br>8. <input type="checkbox"/> DELETE<br>9. <input type="checkbox"/> DELETE<br>10. <input type="checkbox"/> DELETE<br>11. <input type="checkbox"/> DELETE<br>12. <input type="checkbox"/> DELETE<br>13. <input type="checkbox"/> DELETE<br>14. <input type="checkbox"/> DELETE<br>15. <input type="checkbox"/> DELETE<br>16. <input type="checkbox"/> DELETE<br>17. <input type="checkbox"/> DELETE<br>18. <input type="checkbox"/> DELETE<br>19. <input type="checkbox"/> DELETE<br>20. <input type="checkbox"/> DELETE | 1. TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>2. NAME Paula Bielski<br>3. STREET ADDRESS 799 Jeffery Street, 414<br>4. CITY-ST-ZIP Boca Raton, FL 33483<br>5. <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6. <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>7. <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>8. <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>9. <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>10. <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>11. <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>12. <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>13. <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>14. <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>15. <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>16. <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>17. <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>18. <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>19. <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>20. <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 included 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: *Paula E. Bielski* DATE: 4-1-97 (305) 988-3290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Paula E. Bielski

CR2E034 (9/96)