


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

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90124 023 \*\*\*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 # P97000052926**

1. Corporation Name  
**VILLANDRY, INC.**



Principal Place of Business 681 S.E. 7TH AVENUE POMPANO BEACH FL	Mailing Address 681 S.E. 7TH AVENUE POMPANO BEACH FL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3300 UNIVERSITY DR</b> Suite, Apt. #, etc. 22 <b>706</b> City & State 23 <b>CORAL SPRINGS FL</b> Zip 24 <b>33065</b>	2a. Mailing Address 26 <b>3300 UNIVERSITY DR</b> Suite, Apt. #, etc. 27 <b>706</b> City & State 28 <b>CORAL SPRINGS FL</b> Zip 29 <b>33065</b>
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3. Date Incorporated or Qualified <b>06/16/1997</b>	4. FEI Number <b>65-0767595</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**BOURGOIGNIE, P T ESQ.**  
**5201 BLUE LAGOON DR.**  
**SUITE 100**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent  
 81 Name **PATRICK VIVIES**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**700 E DANIA BEACH BLVD**  
 83 **SUITE 202**  
 84 City **DANIA** FL 85 Zip Code **33004**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and his telephone number (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAULTIER, SERGE</b>	1.2 NAME	
STREET ADDRESS	<b>681 S.E. 7TH AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALOGUE, PASCAL</b>	2.2 NAME	
STREET ADDRESS	<b>681 S.E. 7TH AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRUCHMENT, JEAN-PHILLIPE</b>	3.2 NAME	
STREET ADDRESS	<b>681 S.E. 7TH AVENUE</b>	3.3 STREET ADDRESS	<b>8632 NW 62 PL</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	3.4 CITY-ST-ZIP	<b>PARKLAND FL 33067</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)