FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 09 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)457806 VILLA REAL CORP. Principal Place of Business Mailing Address 2238 W 3 AVE 2238 W 3 AVE HIALEAH FL 33010-8521 HIALEAH FL 33010-8521 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 09/09/1974 2. Principal Place of Business Mailing Address Applied For 21 26 65-0070774 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country This corporation owes or has paid the current year lotangible 30 Personal Property Tax due June 30. Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PICO, JOSE 2238 W 3 AVE 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33010 83 84 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE 1.1 TITLE TITLE Change RODRIGUEZ, ANGEL J NAME 1.2 NAME 2238 W 3 AVE STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition PDS 2.1 TITLE TITLE NAME PICO, JOSE 2.2 NAME STREET ADDRESS 2238 W 3 AVE 2.3 STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change ☐ Addition 4 1 TITLE TITN E NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

hips with this hing does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information for high report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an the root vor pursue empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address.

SIGNATURE:

14. I hereby certify that the information indicated on this annual reporter officer or director of the corporation Block 12 or Block 13 if changed.

NAME

STREET ADDRESS

4-02-98

595-1267