

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7,
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13 1998 8:00am
Secretary of State

DOCUMENT # V44714 (6)

1. Corporation Name

SAN VILLA SERVICES CORPORATION



Principal Place of Business

Mailing Address

~~290 NE THIRD ST~~
~~MIAMI FL 33132~~
~~US~~

~~290 NE THIRD ST~~
~~MIAMI FL 33132~~
US

2. Principal Place of Business

21 299 NE

Suite, Apt. #, etc.

22 #200

City & State

23 MIAMI FL

Zip

24 33132

Country

25 USA

2a. Mailing Address

26 299 NE 2ND AVE

Suite, Apt. #, etc.

27 #200

City & State

28 MIAMI FL

Zip

29 33132

Country

30 USA

3. Date Incorporated or Qualified

06/16/1992

3a. Date of Last Report

4. FEI Number

65-0368275

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

VILLANUEVA, NESTOR B.

~~290 NE THIRD ST~~
~~MIAMI FL 33132~~

10. Name and Address of New Registered Agent

81 Name SAME

82 Street Address (P.O. Box Number is Not Acceptable)

299 NE 2ND AVENUE #200

83

84 City

MIAMI

FL

85 Zip Code

33132

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

Signature (typed or printed name of registered agent and fee if applicable)

NESTOR VILLANUEVA

4-27-98

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME VILLANUEVA, NESTOR B.

STREET ADDRESS ~~1419 A N.W. S. RIVER DR~~

CITY-ST-ZIP ~~MIAMI FL~~

TITLE DS ☐ DELETE

NAME MELGAREJO, LORNA

STREET ADDRESS ~~1419 A N.W. S. RIVER DR~~

CITY-ST-ZIP ~~MIAMI FL~~

TITLE DV ☒ DELETE

NAME VILLANUEVA, JOSE B.

STREET ADDRESS 1419 A N.W. S. RIVER DR

CITY-ST-ZIP MIAMI FL

TITLE DT ☒ DELETE

NAME YU, SUSAN

STREET ADDRESS 520 NE 108 ST

CITY-ST-ZIP MIAMI FL

TITLE DV ☒ DELETE

NAME MAGNO, NOEL

STREET ADDRESS 1500 N.W. 12 AVE

CITY-ST-ZIP MIAMI FL

TITLE DV ☒ DELETE

NAME DE LEON, ERNESTO

STREET ADDRESS 1500 N.W. 12 AVE

CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV ☒ Change ☐ Addition

1.2 NAME VILLANUEVA, NESTOR

1.3 STREET ADDRESS 2301 SW 62 AVE, MIAMI FL

1.4 CITY-ST-ZIP 33132

2.1 TITLE DS ☒ Change ☐ Addition

2.2 NAME MELGAREJO, LORNA

2.3 STREET ADDRESS 1875 NW 7TH #8

2.4 CITY-ST-ZIP MIAMI FL 33125

3.1 TITLE DP ☐ Change ☒ Addition

3.2 NAME DAGUM, JOSEPH W

3.3 STREET ADDRESS 2301 SW 62 AVE, MIAMI FL 33135

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100002526041

-05/15/98--01105--023

***150.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NESTOR VILLANUEVA

4-27-98

(365) 371-9756

Date

Daytime Phone #

CR2E034 (3/96)