

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 25 1996 8:00 am
Secretary of State

DOCUMENT # 203856

(0)

1. Corporation Name

VILLAZON & COMPANY INC

Principal Place of Business

P O BOX 22625
3104 N ARMENIA AVE
TAMPA FL 33607-1634

Mailing Address

P O BOX 22625
3104 N ARMENIA AVE
TAMPA FL 33607-1634

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/28/1957

3a. Date of Last Report

02/14/1995

4. FEI Number

59-0815826

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

LLANEZA, FRANK A
3104 N ARMENIA
TAMPA FL 33622

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature of person or persons of registered agent and the address

Signature of Registered Agent (Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE

NAME
PD
LLANEZA, FRANK A
5122 SAN JOSE
TAMPA FL

12.2 TITLE ☐ DELETE

NAME
VD
BLUMENTHAL, DANIEL
80 CHESTNUT RIDGE RD
SADDLE RIVER NJ

12.3 TITLE ☐ DELETE

NAME
STD
GONZALEZ, CONSTANTINO
2702 AILEEN
TAMPA FL

12.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-STATE-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-STATE-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-STATE-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-STATE-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-STATE-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME
13.23 STREET ADDRESS
13.24 CITY-STATE-ZIP

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME
13.27 STREET ADDRESS
13.28 CITY-STATE-ZIP

13.29 TITLE ☐ Change ☐ Addition

13.30 NAME
13.31 STREET ADDRESS
13.32 CITY-STATE-ZIP

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. GONZALEZ, SECRETARY-TREAS

1/18/96

813-879-2291

Office Phone

CR2E034 (12/95)