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

PROFIT CORPORATION ANNUAL REPORT

[redacted] 1999

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

FILED
99 JUN 15 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
[redacted]

DOCUMENT # 454283 (3)

1. Corporation Name
VILLANUEVA ASSOCIATES, INC.

Principal Place of Business	Mailing Address
299 ALHAMBRA CIRCLE, STE 406 CORAL GABLES FL 33134	299 ALHAMBRA CIRCLE, STE 406 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1974

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-1546842 ☐ 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

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

VILLANUEVA, MARIA U
1821 SW 88TH AVENUE
MIAMI FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 [illegible] -06/21/99--01145--015 [illegible]
84 City ****158.75 FL

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1999		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VILLANUEVA, PLINIO M 1821 SW 88TH AVENUE MIAMI FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VILANUEVA, MARIA U 1821 SW 88TH AVENUE MIAMI FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Plinio Villanueva Plinio M. Villanueva, President 9 JUN 99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date

6/14/99

VILLANUEVA Associates, Inc. Consulting Engineers

299 Alhambra Circle, Suite 406
Coral Gables, Florida 33134-5114 U.S.A.
Phone: (305) 448-7274

June 9, 1999

Florida Department of State
Division of Corporation
Att: Annual Report
P.O. Box 6327
Tallahassee, Fl 32314

Re: Corporation No. 454283

Dear Officer:

This year we did not received our Profit Corporation Annual Report Form for the above referred Corporation.

As by instructions of your representative who assist us on the telephone we are sending you last year application with the necessary corrections and a check # 5980 for $158.75 in order for you to process it accordingly and send us the Certificate of Status.

Thank you in advance for your cooperation.

Sincerely,

Plinio M. Villanueva, P.E.
President

PMV/mc

Enclosure (2)