1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 722702

1. Corporation Name

LAGO VERDE VILLAS, INC.

Principal Place of Business

170TH ST

NORTH MIAMI BCH FL 33160

Mailing Address

P O BOX 61-2003

NORTH MIAM! FL 33261-2003

FILED May 27, 1999 8:00 am Secretary of State

05-27-1999 90009 021 ****61.25



3. Date incorporated or Qualifed

2. Prir	ncipal Place of Business	2a. Mailing Address	2a. Mailing Address			3. Date Incorporated or Qualified 02/16/1972				
21		26	26							
Suit	ite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number			Applied For		
22		27			65-1261905		Not Applicable			
City 23	y & State	City & State			5. Certificate of Status Desi	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
Zip	Country	Zip	Country		6. Election Campaign Final	ncing _	\$5.00	May Be		
24	25	29 30	0		Trust Fund Contribution					
271		9. Name and Address of Current Registered Agent			10. Name and Address of	New Registered	Agent			
***************************************								}		
CCADEONIE ALEDED					B2 Charat Address (D.O. Pay Number in Net Acceptable)					
SCARFONE, ALFRED				82 Street Address (P.O. Box Number is Not Acceptable)						
3793 NE 170 ST.										
N. MIAMI BEACH FL 33160										
				City		FL	85 Zip C			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.		ND DIRECTORS	13.	I SIGNALUITO TE	ADDITIONS/CHANGES T		D DIRECTO	RS IN 12		
TITLE	DS OF FEET A	DELETE	1.1 TITLE	T			Change	☐ Addition		
			1.2 NAME				_ •			
NAME	Bhoben, Abou		1.3 STREET	+DDDESC				ĺ		
	NAME OF THE PROPERTY OF THE PR		1.3 STREET					ļ		
CITY-ST-		1 Will 1911		-ZIP			☐ Change	Addition		
TITLE	DT	C DECETE	2.1 TITLE 2.2 NAME							
NAME		India, morace		1	1			}		
STREET	THE PROPERTY OF THE PROPERTY O			ADDRESS						
CITY-ST-			2.4 CITY-S	T-ZIP	-		Change	Addition		
TITLE	T'	DP □ DELETE 3.11			D		Change			
NAME	SCARFONE, ALFRED		3.2 NAME	ļ	}					
STREET	ADDRESS 3793 NE 170TH ST.		3.3 STREET	ADDRESS						
CITY-ST-	N. MIAMI BEACH FL 33160		3.4. CITY-S	T-ZIP						
TITLE	D	☐ DELETE	4.1 TITLE		DP		Change	☐ Addition		
NAME	Turek, John		4. 2 NAME	1				-		
STREET	ADDRESS 3853 NE 170TH STREET			ADDRESS	1			}		
CITY-ST-	NORTH MIAMI BEACH FL			-ZIP						
TITLE	D	•		,			Change	☐ Addition		
NAME	CZERWINSKI, LEO		5.2 NAME	j				1		
STREET	ADDRESS 3789 NE 170TH STREET		5.3 STREET	ADDRESS						
CITY-ST-	NORTH MIAMI BEACH FL		5.4 CITY-ST	r-ZIP						
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition		
NAME			6.2 NAME					1		
ļ	ADORESS.		6.3 STREET	ADDRESS						
CITY-ST-			6.4 CITY-ST	r-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 617, 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: