

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:05

DOCUMENT # 737236 (0)

1. Corporation Name
VILLAS CONDOMINIUM, INC.

Principal Place of Business
6514 KENDALE LAKES DRIVE
MIAMI FL 33183-1822

Mailing Address
C/O THE CONTINENTAL GROUP
12079 SW 131 AVE
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1976
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-1699832
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26

22 Suite, Apt. #, etc.: 27
23 City & State: 28
24 Zip: 25 Country: 29 Country: 30

9. Name and Address of Current Registered Agent
BARNET, LIONET
3191 CORAL WAY
SUITE 506
CORAL GABLES FL 33145

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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: SD
NAME: RICCARDI, JEAN
STREET ADDRESS: 6530 KENDALE LAKES DR, VILLA 1302
CITY-ST-ZIP: MIAMI FL

TITLE: D
NAME: ABBOTT, ROBERT
STREET ADDRESS: 6512 KENDALE LAKES DR., VILLA 902
CITY-ST-ZIP: MIAMI FL

TITLE: TD
NAME: SUCHMAN, SIDNEY
STREET ADDRESS: 6530 KENDALE LAKES DR., VILLA 1303
CITY-ST-ZIP: MIAMI FL

TITLE: D
NAME: BOWLING, GILBERT
STREET ADDRESS: 6504 KENDALE LAKES DR., VILLA 402
CITY-ST-ZIP: MIAMI FL

TITLE: PD
NAME: RAPP, NORMAN
STREET ADDRESS: 6504 KENDALE LAKES DR., VILLA 408
CITY-ST-ZIP: MIAMI FL

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE: Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE: Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE: Change Addition
4.2 NAME: D Sergio Giraldez
4.3 STREET ADDRESS: 6504 KENDALE LAKES DR VILLA 205
4.4 CITY-ST-ZIP: MIAMI FL

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: D DONNA VARELA
6.3 STREET ADDRESS: 6518 KENDALE LAKES DR VILLA 808
6.4 CITY-ST-ZIP: MIAMI FL

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)(b), 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 to this report.

SIGNATURE: _____ (Signature and typed or printed name of signing officer or director) 1/18/95 255-3000