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95 MAY - 1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 766240 (6)

1. Corporation Name
VILLA REGINA ASSOCIATION, INC.

Principal Place of Business Mailing Address
1581 BRICKELL AVE. MIAMI FL 33129
1581 BRICKELL AVE. MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 12/22/1982
3a. Date of Last Report 02/01/1994
4. FEI Number 59-2248888
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. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

8. Name and Address of Current Registered Agent
-CANCELL, PETER
1581 BRICKELL AVENUE
MANAGEMENT OFFICE
MIAMI FL 33129

10. Name and Address of New Registered Agent
81 Name Michael Hyman
82 Street Address (P.O. Box Number is Not Acceptable) 44 W. Flagler St., 14th Fl.
83 Miami
84 City Florida FL 85 Zip Code 33130

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]* (NOTE: Registered Agent signature required when reinstating) DATE 4-13-95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GALE, JOHN
STREET ADDRESS	1581 BRICKELL AVENUE #10
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	DAZ, PEDRO
STREET ADDRESS	1581 BRICKELL AVENUE, #401
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	SLONIM, RALPH
STREET ADDRESS	1581 BRICKELL AVENUE, #1801
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	SCHWEDEL, ROBERT
STREET ADDRESS	1581 BRICKELL AVENUE, #1505
CITY - ST - ZIP	MIAMI FL
TITLE	T
NAME	JAMES, DOLORES
STREET ADDRESS	1581 BRICKELL AVENUE #1008
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary of the Board. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mr. Richard Doherty
1.3 STREET ADDRESS	1581 Brickell Ave. #1703 D
1.4 CITY - ST - ZIP	Miami, FL.
2.1 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mr. Ernest Harper
2.3 STREET ADDRESS	1581 Brickell Ave. D
2.4 CITY - ST - ZIP	Miami, FL. PH101
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dr. Ralph Slonim (President)
3.3 STREET ADDRESS	1581 Brickell Ave. D
3.4 CITY - ST - ZIP	Miami, FL. #1801 D
4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mr. Robert Schwedel
4.3 STREET ADDRESS	1581 Brickell Ave. D
4.4 CITY - ST - ZIP	Miami, FL. #1505
5.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Carlos Guersani, Harrington
5.3 STREET ADDRESS	1581 Brickell Ave. #1202 D
5.4 CITY - ST - ZIP	Miami, FL.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: February 27th 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Ralph Slonim