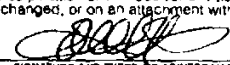


FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mayham Secretary of State DIVISION OF CORPORATIONS																																																																												
DOCUMENT # 766689 (4) 1. Corporation Name MUNICIPIO DE ZULUETA, LAS VILLAS INC.																																																																																
Principal Place of Business # 18 SW 136 Pl. Miami, Fl. 33184		Mailing Address # 18 SW 136 Pl. Miami, Fl. 33184		3. Date Incorporated or Qualified 01/21/1983																																																																												
2. Principal Place of Business 21 # 18 SW 136 Pl Suite Apt. #, etc.		2a. Mailing Address 26 # 18 SW 13 Pl Suite Apt. #, etc.		4. FEI Number 65-0159858																																																																												
City & State 23 Miami, Fl. Zip 24 33184		City & State 28 Miami, Fl Zip 29 33184		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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No 8. 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 81 Name Edel Abreu 82 Street Address (P.O. Box Number is Not Acceptable) 18 SW 136 Pl. 83 84 City Miami FL 85 Zip Code 33184			10. Name and Address of New Registered Agent																																																																													
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____																																																																																
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: center;"> ☐ DELETE </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE																															13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">11 TITLE</td> <td style="width:40%;">12 NAME</td> <td style="width:30%;">13 STREET ADDRESS</td> <td style="width:10%;">14 CITY-ST-ZIP</td> <td style="width:10%; text-align: center;"> ☒ Change ☐ Addition </td> </tr> <tr> <td>PD</td> <td>Edel Abreu</td> <td># 18 SW 136 Pl.</td> <td>Miami, Fl. 33184</td> <td> </td> </tr> <tr> <td>SD</td> <td>Juana V. Campa</td> <td>16902 NW 69 Ave.</td> <td>Miami, Fl. 33015</td> <td> </td> </tr> <tr> <td>TD</td> <td>Rene Albuerné</td> <td>9411 SW 4th St. # 310</td> <td>Miami, Fl. 33174</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>			11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	☒ Change ☐ Addition	PD	Edel Abreu	# 18 SW 136 Pl.	Miami, Fl. 33184		SD	Juana V. Campa	16902 NW 69 Ave.	Miami, Fl. 33015		TD	Rene Albuerné	9411 SW 4th St. # 310	Miami, Fl. 33174																					
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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.																																																																																
SIGNATURE: 			10-26-99 (305) 8196666																																																																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #																																																																													

CR2E037 (10/97)

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