FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
99 NOV -1 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766689 (4)

1. Corporation Name

MUNICIPIO DE ZULUETA, LAS VILLAS INC.

5|10|99 90239 020 $61.25

Principal Place of Business	Mailing Address
# 18 SW 136 Pl. Miami, Fl. 33184	# 18 SW 136 Pl. Miami, Fl. 33184

3. Date Incorporated or Qualified: 01/21/1983

4. FEI Number: 65-0159858 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 # 18 SW 136 Pl	26 # 18 SW 13 Pl
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Miami, Fl.	28 City & State: Miami, Fl
24 Zip: 33184 25 Country: U.S.A.	29 Zip: 33184 30 Country: U.S.A.

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	10. Name and Address of New 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

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 _____ 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 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition PD Edel Abreu # 18 SW 136 Pl. Miami, Fl. 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition SD Juana V. Campa 16902 NW 69 Ave. Miami, Fl. 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☒ Change ☐ Addition TD Rene Albuerne 9411 SW 4th St.# 310 Miami, Fl. 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/97)

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 #

KE