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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 FEB -6 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770148 (5)

1. Corporation Name

THE VILLAS AT UNIVERSITY SQUARE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% J & M CONDO MANAGEMENT & MAINTENANCE 221 S.W. 22ND AVE.,STE. 219 MIAMI FL 33135	% J & M CONDO MANAGEMENT & MAINTENANCE 221 S.W. 22ND AVE.,STE. 219 MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1983
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-2373728 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

FLEITAS & BUJAN, ATTORNEYS AT LAW
782 NW LEJEUNE RD.
SUITE 550
MIAMI FL 33126

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 _____ 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	P	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	GARCIA, MARIO G	1.2 NAME	GRANDA, CARIDAD	
STREET ADDRESS	10221 SW 27 ST.	1.3 STREET ADDRESS	1903 S.W. 107 AVE. APT#1307	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL. 33165	
TITLE	VP	2.1 TITLE	VICE-PRESIDENT	☐ Change ☐ Addition
NAME	MENDOZA, SYLVIA	2.2 NAME	GRANDE, SANTOS	
STREET ADDRESS	1813 S.W. 107 AVE., #2409	2.3 STREET ADDRESS	1823 S.W. 107 AVE. APT#1605	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL. 33165	
TITLE	TD	3.1 TITLE	TREASURER	☐ Change ☐ Addition
NAME	ARQUELLES, ANGEL	3.2 NAME	URBINA, FRANCISCO A.	
STREET ADDRESS	1815 SW 107 AVE #1706	3.3 STREET ADDRESS	1807 S.W. 107 AVE. APT#2207	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL. 33165	
TITLE	SD	4.1 TITLE	SECRETARY	☐ Change ☐ Addition
NAME	PINO, REGINA	4.2 NAME	QUIJANO, NORMA	
STREET ADDRESS	1911 SW 107 AVE #1003	4.3 STREET ADDRESS	1815 S.W. 107 AVE. APT#1703	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL. 33165	
TITLE	MD	5.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	PARDO, ELSA	5.2 NAME	DE LA CRUZ, MARTIN	
STREET ADDRESS	1927 SW 107 AVE #302	5.3 STREET ADDRESS	1801 S.W. 107 AVE. APT#2508	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL. 33165	
TITLE		6.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME		6.2 NAME	DEL PINO, REGINA	
STREET ADDRESS		6.3 STREET ADDRESS	1911 S.W. 107 AVE. APT#1003	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI, FL. 33165	

AA 2/13

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)(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: X _____ 1-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone) #

0007501