

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F58315 (5)**

1. Corporation Name
VILLA TEN, INC.



Principal Place of Business: **%PAUL H. KUPFER 1700 UNIVERSITY DRIVE CORAL SPGS. FL 33071-6089**
Mailing Address: **%PAUL H. KUPFER 1700 UNIVERSITY DRIVE CORAL SPGS. FL 33071-6089**

3. Date Incorporated or Qualified: **12/14/1981**
3a. Date of Last Report: **02/07/1995**
4. FEI Number: **59-2830878**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. State, Apt. #, etc. 22. City & State. 23. Zip. 24. Country. 25. Country.
2a. Mailing Address: 26. State, Apt. #, etc. 27. City & State. 28. Zip. 29. Country. 30. Country.

9. Name and Address of Current Registered Agent
KUPFER, PAUL H. 1700 UNIVERSITY DRIVE CORAL SPGS. FL 33071

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 607.0507 and 607.1506, 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 607.0508, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	MENDOZA, NONITO	1.2 NAME	
3. STREET ADDRESS	APT 51000 ZONA 1-050A	1.3 STREET ADDRESS	
4. CITY, ST, ZIP	CARACAS, VEN 00000	1.4 CITY, ST, ZIP	
5. TITLE	SVTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	DEBREY, ANA MARIA	2.2 NAME	
7. STREET ADDRESS	APT 51000 ZONA 1050	2.3 STREET ADDRESS	
8. CITY, ST, ZIP	CARACAS, VEN 00000	2.4 CITY, ST, ZIP	
9. TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY, ST, ZIP		3.4 CITY, ST, ZIP	
13. TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY, ST, ZIP		4.4 CITY, ST, ZIP	
17. TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY, ST, ZIP		5.4 CITY, ST, ZIP	
21. TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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*****200.00**

Handwritten initials: 2/27

SIGNATURE: *Ana Maria de Frey D.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten: 2/16/96 954-755-3600