

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 25 1997 8:00am  
Secretary of State**



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

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**

**DOCUMENT # F58315 (5)**  
1. Corporation Name  
**VILLA TEN, INC.**



Principal Place of Business 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 **02/27/1996**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>59-2830878</b>	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KUPFER, PAUL H.</b> <b>1700 UNIVERSITY DRIVE</b> <b>CORAL SPGS. FL 33071</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENDOZA, NONITO</b>	1.2 NAME	
STREET ADDRESS	<b>APT 51000 ZONA 1-050A</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CARACAS, VEN 00000</b>	1.4 CITY - ST - ZIP	
TITLE	<b>SVTD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEBREY, ANA MARIA</b>	2.2 NAME	
STREET ADDRESS	<b>APT 51000 ZONA 1050</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CARACAS, VEN 00000</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>D/P</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>MARIA CAROLINA DIAZ LAVIE</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>5100 ZONA POSTAL 1050</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>D/V</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>CELESTINO DIAZ MOISEFF</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>5100 ZONA POSTAL 1050</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Ana Maria de Bray* **ANA MARIA DE BRAY** Date: **2/6/97** Daytime Phone #: **(954) 755-3600**  
 CR2E034 (9/96) 0156727