


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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90058 020 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F58315
 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	12/14/1981	59-2830878	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution	
City & State	City & State	8. This corporation owes the current year Intangible Personal Property Tax.		
23	28	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Zip Country	Zip Country			
24	29	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KUPFER, PAUL H. 1700 UNIVERSITY DRIVE CORAL SPGS. FL 33071	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME DIAZ LAVIE, MARIA C	1.1 TITLE DIVE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5100 ZONA POSTAL 1050	CITY-ST-ZIP CARCAS VE	1.2 NAME LAVIE, CELESTINO IGNACIO DIAZ	
<input checked="" type="checkbox"/> DELETE		1.3 STREET ADDRESS 5100 ZONA POSTAL 1050	
TITLE SVTD	NAME DEBREY, ANA MARIA	1.4 CITY-ST-ZIP CARCAS, VENEZUELA	
<input type="checkbox"/> DELETE		2.1 TITLE DIAZ, ANA MARIA de Brey	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS APT 51000 ZONA 1050	CITY-ST-ZIP CARCAS, VEN 00000	2.2 NAME	
TITLE DV	NAME MONSEFF, CELESTINO D	2.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	
STREET ADDRESS 5100 ZONA POSTAL 1050	CITY-ST-ZIP CARCAS VE	3.1 TITLE D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.2 NAME	
<input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		4.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.2 NAME	
<input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____ DATE 1/13/99 DAYTIME PHONE # (354) 755-3600

CR2E034 (1/98)