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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G16732 1. Corporation Name

Principal Place

SIGNATURE:

L.V. OF DADELAND, INC.

of Business	Mailing Addre

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90041 017 ***150.00



316 ROYAL POI P.O. BOX 1059 PALM BOH FL 3		316 ROYAL POINCIANA PL P.O. BOX 1059 PALM BCH FL 33480	AZA			DO NOT WRITE IN 3. Date it corporated or Qualifed 12/21/1982	N THIS SPACE		
2. Principa Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
	oyal Poinciana Wa	340 Royal	Poin	ciana	. Wa	59-22 <u>79686</u>		Not Applicable	
Suite, Apt. 4	ŧ, etc.	Suite, Apt. #, etc. 27 Suite 316				5. Certificate of Status Desired		5 Additional Recuired	
City & State	Beach, FL	City & State 28 Palm Beach	, FL			6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip 24:33480	Country 25 USA	Zip 29 33480	Cou 30 U	ntry SA		This corporation owes the current y Personal Property Tax.	Yes	⅓No	
	9. Name and Address of Current					10. Name and Address of New Regis	tered Agent		
316 I	SON, DONALD W. ROYAL POINCIANA PLAZA 1 BEACH FL:33480			81 Name 82 Stree		son Donald W see (P.b. Box Number is Not Acceptable) Royal Poinciana Wa	ay		
中の 報入宣传 計劃宣布外	sp.			84 City	?allm	te 316 n Beach	1 -	33480	
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 cirectors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agent	and title if conticable (NOT)	: Registered	Agent signatur	e regu red	t when reinstating)	DATE	———	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TOF S IN 12	
TITLE NAME	DC FANJUL, ALFONSO	☐ DELETE	1.1 TIT 1.2 NA			40 Royal Poinciana Way uite 316	CORREC	_	
STREET ADDRE 3S	316 POINCIANA PLAZA PALM BEACH FL 33480			REET ADDRES		alm Beach, FL 33480			
TITLE NAME	PTD FANJUL, JOSE	☐ DELETE				40 Royal Poinciana Way Suite 316 CO	CORRECT		
STREET ADDRE	316 POINCIANA PLAZA PALM BEACH FL 33480		2. 4 C	REET ADDRES TY-ST-ZIP		alm Beach, FL 33480		. Heliter Bg.	
TITLE	DVS	☐ DELETE	3.1 TIT	LE	3.	40 Royal Poinciana Way	Chan	ge	
NAME;	CARSON, DONALD		3 2 NA	ME		uite 316	CORRECT	TION	
STREET ADDRESS	316 POINCIANA PLAZA			REET ADDRES		alm Beach, FL 33480			
CITY-ST-ZIP	PALM BEACH FL 33480	X DELETE		TY-ST-ZIP			Chan	ge [X] Addition	
TITLE	VAT	N DEFEIR	4.1 Til 4. 2 N		V		onun	go (<u>75</u> 7104111611	
NAME	KANAI, DENNIS			NME REET ADDRES	P	ortuondo, Aurelio			
STREET ADORE SS	316 POINCIANA PLAZA PAŁM BEACH FL 33480			KEET ADDRES TY-ST-ZIP	21	600 S.W. 3 rd Ave.		ľ	
CITY-ST-ZIP	AS	☐ DELETE	5.1 TF			liami, FL 33129	Chan	ge Addition	
NAME	BAKER, DAVID H.		5.2 NA			40 Royal Poinciana Way	CORREC	TION	
STREET ADDRESS	316 POINCIANA PLAZA		5.3 \$T	REET ADDRES		uite 316 alm Beach, FL 33480	UNKEL	11(/)1	
CITY-ST-ZIP	PALM BEACH FL 33480		5.4 CI	TY-ST-ZIP	r	ann Deach, I'L 33460			
TITLE	AS!	DELETE	6.1 TT	LE	7	40 Royal Poinciana Way	Chan	ge Addition	
NAME	DEL BUSTO, JORGE		6.2 NA	ME	9	uite 316	CORREC	TION	
STREET ADDRESS	# # # # # # # # # # # # # # # # # # #		63 ST	REET ADDRES		alm Beach, FL 33480	COMMEC	A ARPLYO CH	
*********	DAMA BEACH EL COACO		6400	TV QT_7ID	P	ann Death, FL 33400			

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.073 (i), Florida Statutes. Florida Cartify that the information supplied with this filing does not qualify for the exemption stated in Section 19.073 (ii), Florida Statutes. Florida Cartify that the information indicated on this annual report or, supplemental a nnual 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 a little empowered.

NOTED OR FRINGED NAME OF SIGNING OFFICEF OR DIRECTOR Vice President

3/25/99

Daytime Phone #

561-655-6303