

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H09933** (3)
1. Corporation Name
VERA VILLAS, INC.



Principal Place of Business
159 NW 83RD ST MIAMI FL 33150

Mailing Address
159 NW 83RD ST MIAMI FL 33150

3. Date Incorporated or Qualified **06/27/1984** 3a. Date of Last Report **03/13/1995**

4. FET Number **59-1402513** 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

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**ROTH, STEVEN M.
2020 N.E. 163 STREET., STE.300
NORTH MIAMI BEACH FL 33162**

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 607.1498, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 duties of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

1	TITLE	PTD	<input type="checkbox"/> DELETE
2	NAME	THOMPSON, VERA	
3	STREET ADDRESS	159 NW 83RD ST	
4	CITY, ST, ZIP	MIAMI FL	
5	TITLE	VSD	<input type="checkbox"/> DELETE
6	NAME	THOMPSON, VERA	
7	STREET ADDRESS	159 NW 83RD ST	
8	CITY, ST, ZIP	MIAMI FL	
9	TITLE		<input type="checkbox"/> DELETE
10	NAME		
11	STREET ADDRESS		
12	CITY, ST, ZIP		<input type="checkbox"/> DELETE
13	NAME		
14	STREET ADDRESS		
15	CITY, ST, ZIP		<input type="checkbox"/> DELETE
16	NAME		
17	STREET ADDRESS		
18	CITY, ST, ZIP		<input type="checkbox"/> DELETE
19	NAME		
20	STREET ADDRESS		
21	CITY, ST, ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5	TITLE	
6	NAME	
7	STREET ADDRESS	
8	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9	TITLE	
10	NAME	
11	STREET ADDRESS	
12	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13	TITLE	
14	NAME	
15	STREET ADDRESS	
16	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17	TITLE	
18	NAME	
19	STREET ADDRESS	
20	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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)(k), 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 Book 12 or Book 13 in charge, or as an attaching agent with an address.

SIGNATURE: *Vera Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96
(305) 759-1977
(305) 624-5232

CR2E034 (12/95)