CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # J82641 (8)

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
VILLAS DEL CASTILLO, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1318 MICHIGAN AVENUE ST. CLOUD FL 34769	1318 MICHIGAN AVENUE ST. CLOUD FL 34769

3. Date Incorporated or Qualified: 07/15/1987
3a. Date of Last Report: 06/01/1994

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

4. FEI Number: 59-2830290 ☐ 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

9. Name and Address of Current Registered Agent

LISZEWSKI, LEONARD L.
2110 CLEVELAND
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name: HILMAR A. QUARBERG
82 Street Address (P.O. Box Number is Not Acceptable): 1318 MICHIGAN AVE.
83: ST. CLOUD , FL 34769
84 City: FL 85 Zip Code: 34769

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: Hilmar A. Quarberg -HILMAR A. QUARBERG-GENERAL MANAGER- 8/1/1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	☐ Change ☐ Addition
NAME	CASTILLO, CESAR DEL	1.2 NAME	
STREET ADDRESS	P O BOX 254 NA	1.3 STREET ADDRESS	
CITY-ST-ZIP	KENANSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	SV	2.1 TITLE	☐ Change ☐ Addition
NAME	SALGADO, OBDULIO	2.2 NAME	
STREET ADDRESS	P O BOX 254 NA	2.3 STREET ADDRESS	
CITY-ST-ZIP	KENANSVILLE FL	2.4 CITY-ST-ZIP	
TITLE	M	3.1 TITLE	☐ Change ☐ Addition
NAME	QUARBERG, HILMAR	3.2 NAME	
STREET ADDRESS	P O BOX 254 NA	3.3 STREET ADDRESS	
CITY-ST-ZIP	KENANSVILLE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: HILMAR A. QUARBERG Hilmar A. Quarberg AUGUST 1/1995 -1-407-892-81
SIGNATURE AND TYPED OR PRINTED NAME OF DATING OFFICER OR DIRECTOR Date Daytime Phone #
892-8177

0377303 CP