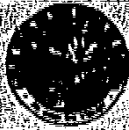


**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J82641

(8)

1. Corporation Name

VILLAS DEL CASTILLO, INC.

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

Principal Place of Business

1318 MICHIGAN AVENUE
ST. CLOUD FL 34769

Mailing Address

1318 MICHIGAN AVENUE
ST. CLOUD FL 34769

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/15/1987

3a. Date of Last Report
06/01/1994

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

6. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	CASTILLO, CESAR DEL
STREET ADDRESS	P O BOX 254 NA
CITY - ST - ZIP	KENANSVILLE FL
TITLE	SV
NAME	SALGADO, OBDULIO
STREET ADDRESS	P O BOX 254 NA
CITY - ST - ZIP	KENANSVILLE FL
TITLE	M
NAME	QUARBERG, HILMAR
STREET ADDRESS	P O BOX 254 NA
CITY - ST - ZIP	KENANSVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 resolver 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

892-8177