

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # J82641 (8)
1. Corporation Name
VILLAS DEL CASTILLO, INC.



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

Mailing Address
1318 MICHIGAN AVENUE
ST. CLOUD FL 34769-4537

3. Date Incorporated or Qualified 07/15/1987	3a. Date of Last Report 06/05/1996
4. FEI Number 59-2830290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent QUARBERG, HILMAR A 1318 MICHIGAN AVE ST CLOD FL 34769	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 607.1508, 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 _____
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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 no change appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE _____
4/30/97 5938177

CR2E034 (9/96)