

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M10391 (4)**

1. Corporation Name  
**VILAR PROPERTY MANAGEMENT, INC.**



Principal Place of Business: **305 ALCAZAR AVENUE CORAL GABLES FL 33134**  
Mailing Address: **305 ALCAZAR AVENUE CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **01/23/1985**  
3a. Date of Last Report: **08/15/1995**  
4. FEI Number: **59-2720021**  
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**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**VILAR, TERESA  
305 ALCAZAR AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed in block of registered agent and state if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	<b>P</b>		
NAME	<b>VILAR, TERESA</b>		
STREET ADDRESS	<b>829 ORTEGA AVENUE</b>		
CITY-ST-ZIP	<b>CORAL GABLES FL</b>		
TITLE	<b>ST</b>		
NAME	<b>VILAR, ENRIQUE</b>		
STREET ADDRESS	<b>829 ORTEGA AVENUE</b>		
CITY-ST-ZIP	<b>CORAL GABLES FL</b>		
TITLE	<b>TD</b>		
NAME	<b>VILAR, ENRIQUE JR.</b>		
STREET ADDRESS	<b>829 ORTEGA AVE</b>		
CITY-ST-ZIP	<b>CORAL GABLES FL</b>		
TITLE	<b>SD</b>		
NAME	<b>VILAR, MARITERE</b>		
STREET ADDRESS	<b>829 ORTEGA AVE</b>		
CITY-ST-ZIP	<b>CORAL GABLES FL</b>		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE	<b>TERESA Vilar, PD</b>		
12 NAME	<b>829 Ortega Ave</b>		
13 STREET ADDRESS	<b>CORAL GABLES, FL 33134</b>		
14 CITY-ST-ZIP			
21 TITLE	<b>ENRIQUE Vilar</b>		
22 NAME	<b>829 Ortega Ave</b>		
23 STREET ADDRESS	<b>CORAL GABLES, FL 33134</b>		
24 CITY-ST-ZIP			
31 TITLE	<b>Beatriz Hernandez</b>		
32 NAME	<b>1311 SW 62 Ave</b>		
33 STREET ADDRESS	<b>Miami, FL</b>		
34 CITY-ST-ZIP			
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 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)(k), Florida Statutes. I further certify that the information presented 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Teresa Vilar, Pres* 7/31/96 305-447-9091  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)