

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

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M10391 (4)**  
 1. Corporation Name  
**VILAR PROPERTY MANAGEMENT, INC.**



Principal Place of Business <b>805 ALCAZAR AVENUE CORAL GABLES FL 33134</b>	Mailing Address <b>305 ALCAZAR AVENUE CORAL GABLES FL 33134-4314</b>
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3. Date Incorporated or Qualified <b>01/23/1985</b>	3a. Date of Last Report <b>08/07/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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4. FEI Number <b>59-2720021</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 **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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VILAR, TERESA	
STREET ADDRESS	829 ORTEGA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VILAR, ENRIQUE	
STREET ADDRESS	829 ORTEGA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, BEATRIZ	
STREET ADDRESS	1311 SW 62 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	<del>SD</del>	<input type="checkbox"/> DELETE
NAME	<del>VILAR, MARIFERE</del>	
STREET ADDRESS	<del>829 ORTEGA AVE</del>	
CITY-ST-ZIP	<del>CORAL GABLES FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD / <i>Treasurer</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TERESA VILAR	
1.3 STREET ADDRESS	829 ORTEGA AVE	
1.4 CITY-ST-ZIP	CORAL GABLES, FLA 33134	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ENRIQUE VILAR	
2.3 STREET ADDRESS	829 ORTEGA AVE	
2.4 CITY-ST-ZIP	CORAL GABLES, FLA 33134	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BEATRIZ HERNANDEZ	
3.3 STREET ADDRESS	1311 SW 62 AVE	
3.4 CITY-ST-ZIP	MIR MIAMI, FLA	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Terresa Vilar* 4-26-97 305-447-9091  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)