

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M39795

(3)

1. Corporation Name

BILTMORE VILLAS, INC.

Principal Place of Business

1100 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Mailing Address

1100 PONCE DE LEON BLVD
CORAL GABLES FL 33134



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

HELLMAN, MAYNARD J. ESQ.
110 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

10/02/1986

3a. Date of Last Report

02/27/1995

4. FEI Number

59-2728323

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

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 (a)(7) and 607.15(6), 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, hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 607.05(6), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME VALDES, PABLO J.
STREET ADDRESS 8433 W. OKEECHOBEE RD.
CITY, ST, ZIP HIALEAH GARDENS FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

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☐ DELETE

TITLE
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STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14 NAME
15 STREET ADDRESS
16 CITY, ST, ZIP
17 TITLE
18 NAME
19 STREET ADDRESS
20 CITY, ST, ZIP
☐ Change ☐ Addition

21 CITY, ST, ZIP
22 TITLE
23 NAME
24 STREET ADDRESS
25 CITY, ST, ZIP
☐ Change ☐ Addition

26 CITY, ST, ZIP
27 TITLE
28 NAME
29 STREET ADDRESS
30 CITY, ST, ZIP
☐ Change ☐ Addition

31 CITY, ST, ZIP
32 TITLE
33 NAME
34 STREET ADDRESS
35 CITY, ST, ZIP
☐ Change ☐ Addition

36 CITY, ST, ZIP
37 TITLE
38 NAME
39 STREET ADDRESS
40 CITY, ST, ZIP
☐ Change ☐ Addition

41 CITY, ST, ZIP
42 TITLE
43 NAME
44 STREET ADDRESS
45 CITY, ST, ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(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. I am an officer or director of the corporation or the officer or business 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 in an affidavit with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

(305) 822-8000

CR2E034 (12/95)