


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90438 007 ****70.00

DOCUMENT # N00000001158 1. Entity Name THE VIZCAYA VOLUNTEER GUIDES, INC.					
Principal Place of Business 3251 SOUTH MIAMI AVENUE MIAMI FL 33129			Mailing Address 3251 SOUTH MIAMI AVENUE MIAMI FL 33129		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1760269	
6. Name and Address of Current Registered Agent REICH, P. RANDOLPH 1580 CLEVELAND RD MIAMI BEACH FL 33141				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				Applied For <input checked="" type="checkbox"/> Not Applicable	
SIGNATURE <i>P. Randolph Reich Treasurer</i>				DATE 3/12/04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State				10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
TITLE PD NAME AXLER, IRENE STREET ADDRESS 410 MILLER RD CITY-ST-ZIP CORAL GABLES FL 33146				TITLE D NAME AXLER, IRENE STREET ADDRESS 410 MILLER RD CITY-ST-ZIP CORAL GABLES, FL 33146	
TITLE D NAME DEAGUERO, RICHARD STREET ADDRESS 1200 SW 17 TERRACE CITY-ST-ZIP MIAMI FL 33145				TITLE D NAME MARY REED STREET ADDRESS 1281 SW 20 ST CITY-ST-ZIP MIAMI FL 33145	
TITLE D NAME GONZALEZ, YASMINE STREET ADDRESS 1209 FERDINAND ST CITY-ST-ZIP CORAL GABLES FL 33134				TITLE PD NAME GONZALEZ, YASMINE STREET ADDRESS 1209 FERDINAND ST CITY-ST-ZIP CORAL GABLES, FL 33134	
TITLE D NAME HARRISON, MAURINE STREET ADDRESS 446 ALHAMBRA CIR CITY-ST-ZIP CORAL GABLES FL 33134				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME ZANNIS, GLORIA STREET ADDRESS 751 MALAGA CITY-ST-ZIP CORAL GABLES FL 33134				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE DT NAME REICH, P. RANDOLPH STREET ADDRESS 1580 CLEVELAND RD CITY-ST-ZIP MIAMI BEACH FL 33141				TITLE NAME STREET ADDRESS CITY-ST-ZIP	

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

P. Randolph Reich (P. RANDOLPH REICH) 4/21/04 305 861-6638