

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N18635** (5)  
1. Corporation Name  
**VILLAGE BANK CENTER, INC.**



Principal Place of Business: **2100 W. 76TH ST., STE. 211 HIALEAH FL 33016**  
Mailing Address: **2100 W. 76TH ST., STE. 211 HIALEAH FL 33016**

3. Date incorporated or Qualified: **01/06/1987**  
3a. Date of Last Report: **05/23/1995**  
4. FEI Number: **65-0034981**  
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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**ROSS, RAFAEL  
VILLAGE BANK CENTER, INC.  
2100 W 76TH ST, STE 211  
HIALEAH FL 33016**

10. Name and Address of New Registered Agent  
81 Name: **RICHARD CHEETHAM**  
82 Street Address (P.O. Box Number is Not Acceptable): **VILLAGE BANK CENTER, INC.**  
83 **2100 West 76th STREET, STE. 211**  
84 City: **HIALEAH** FL 85 Zip Code: **33016**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4-29-96**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input checked="" type="checkbox"/> DELETE
NAME: ROSS, RAFAEL	
STREET ADDRESS: 2100 W 76TH ST, #201	
CITY-ST-ZIP: HIALEAH FL	
TITLE: VD	<input checked="" type="checkbox"/> DELETE
NAME: ALVAREZ, JUAN C	
STREET ADDRESS: 2100 W 76TH ST SUTIE 512	
CITY-ST-ZIP: HIALEAH FL	
TITLE: DST	<input checked="" type="checkbox"/> DELETE
NAME: CHEETHAM, RICHARD	
STREET ADDRESS: 7600 WEST 20TH AVE. #114	
CITY-ST-ZIP: HIALEAH FL	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: RICHARD CHEETHAM	
1.3 STREET ADDRESS: 2100 W. 76th STREET, STE. 310	
1.4 CITY-ST-ZIP: HIALEAH, FL 33016	
2.1 TITLE: VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: RAFAEL ROS	
2.3 STREET ADDRESS: 2100 W. 76th STREET, STE. 201	
2.4 CITY-ST-ZIP: HIALEAH, FL 33016	
3.1 TITLE: TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: JUAN C. ALVAREZ	
3.3 STREET ADDRESS: 2100 W. 76th STREET, STE. 512	
3.4 CITY-ST-ZIP: HIALEAH, FL 33016	
4.1 TITLE: DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: ROBERT CHEETHAM	
4.3 STREET ADDRESS: 2100 W. 76th STREET, STE. 310	
4.4 CITY-ST-ZIP: HIALEAH, FL 33016	
5.1 TITLE: DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME: IRA GOLDSMITH	
5.3 STREET ADDRESS: 2100 W. 76th STREET, STE. 301	
5.4 CITY-ST-ZIP: HIALEAH, FL 33016	
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 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4-29-96**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)