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

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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SECTION OF STATE THE STATE

ANNUAL REPORT 1999

DOCUMENT # N98000003031 1. Corporation Name

Jubilee Villas, Inc.

Principal Place of Business		Mailing Address	
2828 Coral Way Suite 303			
Miami, Florida	33145	Same	

2. Principal Place of Business	2a. Mailing Address			
742 NW 12th Avenue	[26] 742 NW 12th Avenue			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
22	[27]			
City & State 23 Miami, Florida	City & State 28 Miami, Florida			
Zip Country 24 33136 25 USA	2ip Country USA			
9. Name and Address of Curren	t Registered Agent			

Patricia K. Green Stearns Weaver Miller Weisler Alhadeff & Sitterson, PA 150 W. Flagler, Street, Suite 2300 3. Date Incorporated or Qualifed May 27, 1998

4. FEI Number 65-0837662

Applied For Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Election Campaign Financing **1 rust Fund Contribution** 

**\$5.00** May Be Added to Fees

10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable) 400002780574---2

mami, Florida 33130

84 City

—02/19/99—065 2pr Code

\*\*\*\*\*70.00

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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

81 Name

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SIGNATURE	e, typed or printed name of registered agent and title if applicable (NOTE)	Registered Agent signature r	respired when translation) DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	R\$ IN 12
TITLE	[.] DELETE	1.1 TU!LE	D,P	<b>K</b> j Change	[   Addition
NAME		1.2 NAME	Raul Masvidal	-	
STREET ADDRESS		13 STREET ADDRESS	1401 Ponce de Leon Bl Coral Gables, Florida	vd#	300
CITY-ST-ZIP		14 CITY-ST-ZIF	Coral Gables, Florida	33134	
TITLE	[] DELETE	2.1 TITLE	D,V,S,T	<b>X</b> ) Change	[ ] Addition
NAME		2.2 NAME	Francis V. Gudorf		
STREET ADDRESS		2 3 STREET ADDRESS	742 NW 12th Avenue		
CITY-ST-ZIP		2 4 City-St-ZiP	Miami, Florida 33136		
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NAME		3.2 NAME	Dou <b>gl</b> as R. Mayer		
STREET ADDRESS		3.3 STREET ADDRESS	742 NW 12th Avenue		
CITY-ST-ZIP		34 City-\$1-200	Miami, Florida 33136		
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NAME		5.2 NAME			
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CITY-ST-ZIP		54 City-S1-ZiP			
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NAME		6.2 NAME	\	10-0	V)
STREET ADDRESS		6 3 STREET ADDRESS	`	47.18 T	. 1
CITY-ST-ZIP		6.4 City-S1-ZiP	[	L .	

14. 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 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, with all other like empowered.

SIGNATURE: STENATURE AND TYPED OR PRINTED NAME OF STORY OFFICER OR DIRECTOR POPS.

2-10-49 Date

305 - 326 - 8400 Daytime Plione #