
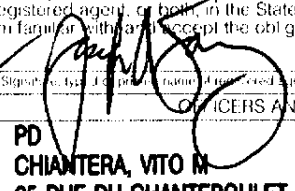
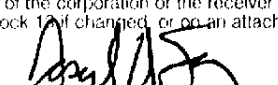


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 07 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000029290 (2)</b> 1. Corporation Name <b>VILLAVEST CORP.</b>			
Principal Place of Business <b>C/O ORION INVESTMENT &amp; MGMT.</b> <b>9100 S. DADELAND BLVD., SUITE 1700</b> <b>MIAMI FL 33156</b>		Mailing Address <b>C/O ORION INVESTMENT &amp; MGMT.</b> <b>9100 S. DADELAND BLVD., SUITE 1700</b> <b>MIAMI FL 33156-7817</b>	
2. Principal Place of Business 21 <b>C/O Orion Investment &amp; Mgmt</b> Suite, Apt. #, etc. 22 <b>9000 SW 152 St #106</b> City & State 23 <b>MIAMI, FLORIDA</b> Zip Country 24 <b>33156</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>C/O Orion Investment &amp; Mgmt</b> Suite, Apt. #, etc. 27 <b>9000 SW 152 St #106</b> City & State 28 <b>MIAMI, Florida</b> Zip Country 29 <b>33156</b> 30 <b>USA</b>	
3. Date Incorporated or Qualified <b>04/19/1993</b>		3a. Date of Last Report <b>03/04/1996</b>	
4. FEI Number <b>65-0409840</b> <b>NOT APPLICABLE</b>		Applied For 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 <b>BROWN, B. MACKAY</b> <b>C/O WHITE &amp; BROWN, P.A.</b> <b>7100 N KENDALL DRIVE, SUITE 100</b> <b>MIAMI FL 33156</b>		10. Name and Address of New Registered Agent 81 Name <b>Joseph A. Sanz</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>C/O ORION INV. &amp; MGT</b> 83 <b>9000 SW 152 St #106</b> 84 City <b>MIAMI</b> <b>FL</b> 85 Zip Code <b>33156</b>	
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  DATE <b>1/28/97</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b> NAME <b>CHIANTERA, VITO M</b> STREET ADDRESS <b>25 RUE DU CHANTEPOULET</b> CITY-ST-ZIP <b>1211 GENEVE 1, SWITZERLAND</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VSDT</b> NAME <b>SANZ, JOSEPH A</b> STREET ADDRESS <b>9100 S. DADELAND BLVD., #1700</b> CITY-ST-ZIP <b>MIAMI FL 33156</b>	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <b>9000 SW 152 St #106</b> <b>MIAMI, FL 33157</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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. <b>SIGNATURE:  Vice President Jan 28, 1997 305-253-7088</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (9/96)