FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000076469 (4)**

1. Corporation Name
VILLAGE-AH, INC.

Principal Place of Business	Mailing Address
4787 WEST IRLO BRONSON HWY., U.S. 192 KISSIMMEE FL 34746	4787 WEST IRLO BRONSON HWY., U.S. 192 KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/29/1993
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business (21)	2a. Mailing Address (26)	4. FEI Number: 59-3207615	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State (23)	City & State (28)	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RIBEIRO, FABIO COSTA 4787 W. IRLO BRONSON HWY. U.S. 192 KISSIMMEE FL 34796	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 607.0502 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	1.1 TITLE		☐ Change ☐ Addition
NAME	ARAUJO, FRANCISCO I	1.2 NAME		
STREET ADDRESS	441 FOUNTAINHEAD CIR., #168	1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	ARAUJO, VERONICA E	2.2 NAME		
STREET ADDRESS	441 FOUNTAINHEAD CIRCLE, #168	2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	RIBEIRO, FABIO C	3.2 NAME		
STREET ADDRESS	243 COMPETITION DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ARAUJO, FRANCISCO J	4.2 NAME		
STREET ADDRESS	441 FOUNTAINHEAD CIRCLE, #168	4.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: X _____ PRES 4/17/95 (407) 3974444
SIGNATURE OF NEW OFFICER OR DIRECTOR Date Daytime Phone #
FABIO RIBEIRO ARAUJO

0482901 FP