

**CORPORATION  
ANNUAL REPORT  
1995**

Division of Corporations  
Secretary of State

**FILED**

1995 MAY - 1 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000083719 (3)**  
1. Corporation Name  
**WEST PALM VILLAS N INC**

Principal Place of Business      Mailing Address  
**2100 WEST 60TH STREET  
SUITE 205  
HALEAH FL 33016**      **2100 WEST 60TH STREET  
SUITE 205  
HALEAH FL 33016**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/01/1993**      **05/01/1994**  
4. FEI Number      Applied For  
**65-0493409**      Not Applicable  
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**  
6. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
Trust Fund Contribution        
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**FERRO, MARIO  
2100 WEST 60TH STREET  
SUITE 205  
HALEAH FL 33016**

10. Name and Address of New Registered Agent  
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      Signature: typed or printed name of registered agent and title if applicable      DATE  
NOTE: Registered Agent signature required when constituting.

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>FERRO, MARIO</b>
STREET ADDRESS	<b>2100 WEST 60TH STREET, SUITE 205</b>
CITY, ST, ZIP	<b>HALEAH FL 33016</b>
TITLE	<b>D</b>
NAME	<b>FANO, JOSE E</b>
STREET ADDRESS	<b>2100 WEST 60TH STREET, SUITE 205</b>
CITY, ST, ZIP	<b>HALEAH FL 33016</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

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-05/03/95--01155--013  
\*\*\*200.00      ~~\*\*\*200.00~~ Addition

*JA*  
*5-1*

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:      *[Signature]*      PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      **BY JOSE E. FANO**