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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000047263 (6)

VILLA PENA TWO CORPORATION

KEY BISCAYNE FL 33149

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

TITLE

NAME

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NAME STREET ADDRESS

Mailing Address Principal Place of Business 201 CRANDON BLVD 201 CRANDON BLVD **APT 174 APT 174** DO NOT WRITE IN THIS SPACE KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 3. Date Incorporated or Qualified 06/20/1994 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0501978 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PENA, CONSTANTINO E 201 CRANDON BLVD Street Address (P.O. Box Number is Not Acceptable) **APT 174** ВЗ **KEY BISCAYNE FL 33149** Zin Code 84 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** Stonature, typed or printed name of registured agent and title if applicable (NOTE: Registered Agont signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change 1.1 TITLE TITLE PENA, CONSTANTINO E 1.2 NAME NAME 201 CRANDON BLVD APT 174 1.3 STREET ADDRESS STREET ADDRESS **KEY BISCAYNE FL 33149** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE PENA. CARMEN 2.2 NAME NAME 201 CRANDON BLVD APT 174 STREET ADDRESS 2.3 STREET ADDRESS

64 CITY-ST-ZIP

14. Thereby 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 of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chargeft, or on an attachment with an address.

2. 4 CITY - ST - 7/P

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 City - S1 - ZIP

4.4 CITY - ST-ZIP

3.1 TITLE

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

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Feb 16 1998 8:00am

Secretary of State

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