

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000053490 (6)**

1. Corporation Name

VILLA VICTORIA II, INC.



Principal Place of Business

**3300 UNIVERSITY DR.
SUITE 410
CORAL SPRINGS FL 33065**

Mailing Address

**3300 UNIVERSITY DR.
SUITE 410
CORAL SPRINGS FL 33065**

2. Principal Place of Business

21 State Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified
07/20/1994

3a. Date of Last Report
02/13/1995

4. FEI Number
65-0515243

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**KODSI, ISAAC
2875 SOUTH UNIVERSITY DR.
DAVE FL 33328**

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 607.1502, 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]

Isaac Kods

2/14/96

12. OFFICERS AND DIRECTORS

12.1 NAME

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY-STATE-ZIP

12.5 TITLE

12.6 NAME

12.7 STREET ADDRESS

12.8 CITY-STATE-ZIP

12.9 TITLE

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY-STATE-ZIP

12.13 TITLE

12.14 NAME

12.15 STREET ADDRESS

12.16 CITY-STATE-ZIP

12.17 TITLE

12.18 NAME

12.19 STREET ADDRESS

12.20 CITY-STATE-ZIP

12.21 TITLE

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY-STATE-ZIP

12.25 TITLE

12.26 NAME

12.27 STREET ADDRESS

12.28 CITY-STATE-ZIP

13.

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE

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13.12 CITY-STATE-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

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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)(g), 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 or person 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96 (305) 755-5561 **EXR**
Date Date/Time/Phone #

CR2E034 (12/95)