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PROFIT CORPORATION ANNUAL REPORT

1996

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

96 JUL -7 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P94000074566

1. Corporation Name

OAKWOOD GOLF VILLAS, INC.

Principal Place of Business

~~200 EAST ROBINSON STREET~~
~~SUITE 500~~
~~ORLANDO, FLORIDA 32801~~

Mailing Address

SAME

5. Date Incorporated or Qualified: 10/06/94
5a. Date of Last Report: 05/12/95
4. FEI Number: [X] Applied For [ ] Not Applicable
6. Certificate of Status Desired: [ ] $8.75 Additional Fee Required
8. 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 [X] No

2. Principal Place of Business
21 SOAVE CENTER
Suite, Apt. #, etc.
22 37067 SAN BONIFACTIO
City & State
23 VERONA
Zip 24
Country 25 ITALY

2a. Mailing Address
26 SAME
Suite, Apt. #, etc. 27
City & State 28
Zip 29
Country 30

9. Name and Address of Current Registered Agent

FLORIDA CORPORATE SUPPORT, INC.
200 EAST ROBINSON STREET
SUITE 500
ORLANDO, FLORIDA 32801

10. Name and Address of New Registered Agent

51 Name
52 Street Address (P.O. Box Number is Not Acceptable)
53
54 City FL 55 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR VICTOR MINCA 6 JOHN STREET MASSAPEQUA, NY 11759	[X] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT AND DIRECTOR BRUNO DOMENICHINI SOAVE CENTER 37067 SAN BONIFACTIO VERONA, ITALY	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRESIDENT CESARE ANGELI SOAVE CENTER 37067 SAN BONIFACTIO VERONA ITALY	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VICE PRESIDENT ARNALDO TOMMASI SOAVE CENTER 37067 SAN BONIFACTIO VERONA ITALY	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SECRETARY AND TREASURER DINA TOMMASI SOAVE CENTER 37067 SAN BONIFACTIO VERONA ITALY	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	A. Alaw 7-7-96	[ ] Change [ ] Addition

CR2E034 (12/95)

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: _____ 07.12.96
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY DIRECTOR — Date — Daytime Phone #

BRUNO DOMENICHINI, PRESIDENT 011-39-45-6102615