FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000065115 (4)

VILABELLA MANAGEMENT, INC.

FILED Apr 09 1998 8:00am Secretary of State

Suite, Apt. #, etc. 22 City & State 23 Zip 24 25 9. Name and SUAREZ, A 9-9-KARPEL-8-04 1000 BRICKELL AI MIAMI FL 33131 11. Pursuant to the provisions office or registered agent.	ENUE, SUITE 900 Socious 607 0502 and 607 1508, Florida Sta	Country 30 81 Na	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/23/1995 4. FEI Number Applied For 65-0630245 Not Applied For 5. Certificate of Status Desired S8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent ame reet Address (P.O. Box Number is Not Acceptable)
SUITE 900 MIAMI FL 33131 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 Zip Zip Zip 25 9. Name and SUAREZ, A GON HARPEL & OF 1000 BRICKELL A' MIAMI FL 33131	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Sountry Zip 29 Address of Current Registered Agent ENUE, SUITE 900	81 Na 82 Str 83	3. Date Incorporated or Qualified 08/23/1995 4. FEI Number 65-0630245 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent
2. Principal Place of Business Suite, Apt. #, etc. 22 City & State 23 Zip 25 9. Name and SUAREZ, A O S KARPEL & O 1000 BRICKELL A' MIAMI FL 33131	28. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Country Zip 29 Address of Current Registered Agent ENUE, SUITE 900	81 Na 82 Str 83	3. Date Incorporated or Qualified 08/23/1995 4. FEI Number 65-0630245 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent
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City & State Zip Zip 26 9. Name and SUAREZ, A 9-9-KARPEL-8-00 1000 BRICKELL AI MIAMI FL 33131 11. Pursuant to the provisions office or registered agent.	City & State 28 Country Zip 29 Address of Current Registered Agent ENUE, SUITE 900 Socious 607 0502 and 607 1508. Florida Sta	81 Na 82 Str 83	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
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1000 BRICKELL A' MIAMI FL 33131 11. Pursuant to the provisions office or registered agent.	ENUE, SUITE 900 Socious 607 0502 and 607 1508, Florida Sta	83	reet Address (P.O. Box Number is Not Acceptable)
1000 BRICKELL A' MIAMI FL 33131 11. Pursuant to the provisions office or registered agent.	ENUE, SUITE 900 Socious 607 0502 and 607 1508, Florida Sta	83	reet Adoress (P.O. Box Number is Not Acceptable)
MIAMI FL 33131 11. Pursuant to the provisions office or registered agent.	Soctions 607 0502 and 607 1508. Florida Sta		
11. Pursuant to the provisions office or registered agent.	f Soctions 607 0502 and 607 1508, Florida Sta	84 Cit	
office or registered agent, of	f Sections 607,0502 and 607,1508, Florida Sta	84 Cit	
office or registered agent, of	Soctions 607.0502 and 607.1508, Florida Sta		ty FL 85 Zip Code
office or registered agent, of	a blank to the Origin and the fig. 10 of the	atutes, the above-nar	med corporation submits this statement for the purpose of changing its registered
	r both, in the State of Florida. Such change wa d accept the obligations of, Section 607.0505,	as authorized by the	corporation's board of directors. I hereby accept the appointment as registered
_	a accept the obligations of, section 607.0505,	, Fluitua Statutes.	
SIGNATURE Signature, typed or prin	ed name of registered agent and title if applicable (I	NOTE Registered Agent sign	nature required when reinstating) OATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DPS	☐ DELETE	1.1 TITLE	Change Addition
NAME MEANA, C F		1.2 NAME	
STREET ADDRESS 501 BRICKE	l key drive - Suite 202	1.3 STREET ADDR	KESS
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP	,
TITLE	DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	, in the second of the second
STREET ADDRESS		2.3 STREET ADDR	KESS
CITY-ST-ZIP		2. 4 CITY - \$T - ZIP	
TITLE	☐ DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDR	RESS
CITY-\$T-ZIP		3.4. CITY - ST - ZIP	
TITLE	DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDR	RESS
CITY - ST - ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	Change Additio
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDR	PESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Additio
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADOR	RESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I hereby certify that the infe	rmation supplied with this filing does not quali	fy for the exemption	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information by signature shall have the same legal effect as if made under oath; that I am an