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 PROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT # P95000092144 (1)
1. Corporation Name

## WEST PALM VILLAS III CONSTRUCTION MANAGEMENT COR PORATION

| Principal Place of Business Mailing Address     |   |                                    |   |                  |                                 |   |                           |                            |                   |  |
|---|---|------------------------------------|---|------------------|---------------------------------|---|---------------------------|----------------------------|-------------------|--|
|   |   |                                    |   |                  |                                 |   |                           |                            |                   |  |
| 2189 W 60TH ST<br>SUITE 205<br>HIALEAH FL 33016 |   |                                    | 2189 W 60TH ST<br>SUITE 205<br>HIALEAH FL 33016 |                  |                                 |   |                           |                            |                   |  |
|   |   |                                    |   |                  |                                 | 3. Date incorporated or Qualified 12/01/1995  | 3a. Date of Last Report   |                            |                   |  |
| 2. Principal Pla                                | ice of Business   | 2a. Mailing Add                    | ress  |                  |                                 | 4. FEI Namber   | _l                        |                            | Applied For       |  |
| 1   |   | 26                                 |   |                  |                                 | 45-0630   | 106                       | ļ                          | Not Applicable    |  |
| Suite, Apt. #, etc.                             |   | Suite, Apt.                        | Suite, Apt. #, etc                              |                  |                                 | 5. Certificate of Status Desired  | <b>K</b> l                |                            | Additional        |  |
| 2   |   | 27                                 |   |                  |                                 |   | <u> </u>                  | Fee                        | Required          |  |
| Crty & State                                    |   | City & State                       | ı   |                  |                                 | Election Campaign Financing     Trust Fund Contribution                             |                           |                            | <b>0</b> May Be   |  |
| 710   | <u> </u>  |                                    | 8 Zip Country                                   |                  |                                 | Trust Fund Contribution   | Added to rees             |                            |                   |  |
| ·   | Zip Country   |                                    | ·   |                  | 1                               | 8. This corporation has liability for Florida Statutes Yes                          | intangibi∈ t<br>∏No       | ax under s                 | 199.032,          |  |
| 9. Name and Address of Cu                       |   | [29]<br>ent Registered Agent       |   |                  |                                 | 10. Name and Address of New F   |                           | Agent                      |                   |  |
|   |   |                                    |   | 81               | Name                            |   | ···- <del></del>          | <b>_</b>                   |                   |  |
| FERRO, I  | MARIO   |                                    |   | 82               | Street Addr                     | ress (P.O. Box Number is Not Acceptate  | ıle)                      |                            |                   |  |
| 2189 W 6  |   |                                    |   | 02               | GII OGE ACION                   | 655 yr. o. dox ricinider is niot noceptat   | ,ic)                      |                            |                   |  |
| SUITE 20  |   |                                    |   | 83               |                                 |   |                           |                            |                   |  |
|   | FL 33016  |                                    |   | 84               | City                            |   | FL                        | <b>85</b> Zi               | p Code            |  |
| 11 Dura toot to                                 | o the provinces of Systems 607.05   | 02 and 607 1509 Flaci              | da Statutee the et-                             | <u></u>          | named corre                     | ration submits this statement for the pu  |                           | anoino ite :               | registered office |  |
| or registere                                    | ed agent, or both, in the State of Fig  | orida. Such change was             | s authorized by the                             | cort             | named corpor<br>poration's cloa | ration submits this statement for the purific of directors. Thereby accept the app  | ointment a                | s registered               | Lagent Lam        |  |
| familiar witi                                   | n, and accept the obligations of Se   | ection 607.0505, Florida           | Statutes  |                  |                                 |   |                           |                            |                   |  |
| SIGNATURE                                       | Sonature, typeo empreted name of registered au  | e d'a coltre Cappi Jaha            | regit: Bayana                                   | : J Age          | ni Syrat de resale.             | i edino tes statogi   | DATE                      |                            |                   |  |
| 12.   |   | AND DIRECTORS                      | 13.   |                  |                                 | ADDITIONS/CHANGES TO OFF  |                           | D DIRECTO                  | ORS IN 12         |  |
| TITLE   | D   | DE                                 | LETE 1  | TITLE            | Ī                               |   |                           | Change                     | ☐ Add tion        |  |
| NAME  | FERRO, MARIO  |                                    | 1.5   | NAME             |                                 |   |                           |                            |                   |  |
| STREET ADDRESS                                  | 2189 W 60TH ST  |                                    | : 3   | STHEFT           | LADDRESS                        |   |                           |                            |                   |  |
| CITY - ST - ZIP                                 | HIALEAH FL 33016  |                                    | ·   | CITY S           | ST - ZIP                        |   |                           |                            |                   |  |
| TITLE   | D   | □ D£                               | LETE 2 1  | 1-11.6           |                                 |   |                           | Change                     | Addition          |  |
| NAME  | FANO, JOSE E  |                                    |   | NAME             |                                 |   |                           |                            |                   |  |
| STREET ADDRESS                                  | 2189 W 60TH ST  |                                    |   |                  | T ADDRESS                       |   |                           |                            |                   |  |
| CITY-ST-ZIP                                     | HIALEAH FL 33016  | Face                               |   |                  | S1 - 7:P                        |   |                           | Chana:                     | ☐ Addition        |  |
| TITLE   |   | □ D€                               |   | TITLE            |                                 |   |                           | ☐ Charge                   | ☐ Addition        |  |
| NAMÉ  |   |                                    |   | NAME             |                                 |   |                           |                            |                   |  |
| STREET ADDRESS                                  |   |                                    |   |                  | T ADDRESS                       |   |                           |                            |                   |  |
| CITY-ST-ZIP<br>TITLE                            |   | DE                                 |   | CITY ::<br>THILE | S1_Z/2                          |   |                           | Change                     | Addit on          |  |
|   |   |                                    |   | NAME             |                                 |   |                           |                            | ☐ . Idan 3/1      |  |
| NAME<br>STREET ADORESS                          |   |                                    |   |                  | T ADDRESS                       |   |                           |                            |                   |  |
| STREET ADDRESS<br>City-St-Zip                   |   |                                    |   |                  | ST-ZIP                          |   |                           |                            |                   |  |
| TITLE   | -   | D€                                 |   | THE              | 01.Fit                          |   |                           | Change                     | Addition          |  |
| NAME  |   |                                    |   | NAME             |                                 |   |                           |                            |                   |  |
| STREET ADDRESS                                  |   |                                    |   |                  | I ADDRESS                       |   |                           |                            |                   |  |
| CITY-ST-ZIP                                     |   |                                    |   |                  | S1-ZIP                          |   |                           |                            |                   |  |
| TIFLE   |   | ☐ DE                               |   | THE              |                                 |   |                           | Change                     | ☐ Addition        |  |
| NAME  |   | _                                  |   | NAMe             |                                 |   |                           |                            |                   |  |
| STREET ADDRESS                                  |   |                                    |   |                  | LADDRESS                        |   |                           |                            |                   |  |
| CiTY - ST - ZIP                                 |   | ^                                  |   |                  | ST - ZiP                        |   |                           |                            |                   |  |
|   | y certify that the information supplie<br>the information indicated on this at                                      | ed with the filingly's volum       | ntarily furnished and                           | a doe            | es not quality                  | for the exemption stated in Section 119   |                           |                            |                   |  |
| oath; that I                                    | the information indicated on this at<br>Lam an officer or director of the col<br>Block 12 or Block 13 if changed, o | rporation for <b>th</b> y receive: | or trustee empow                                | ered<br>ered     | to execute th                   | ate and that my signature shall have the<br>is report as required by Chapter 607, F | same lega<br>lorida Statu | irenect as<br>ites: and th | at my name        |  |

SIGNATURE:

SIGNATURE AND TYPED ON PONTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 556-4282

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