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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P9600002191 (0)

VIZCAYA DEVELOPMENT, INC.

FILED Apr 01 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address							- I MADIISSOI IIM JOINA ARAN ADNIN ADNIN BONIN FONIN	VALLE LIABL 1181	8 PBFBF PIBL PBBI	
P.O. BOX 320637 P.O. BOX 320637 COCOA BEACH FL 32932-0637 COCOA BEACH FL 32932-0637					7 DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualified			
							01/08/1996			
2. Principal Pl	ace of Business		failing Address				4. FEI Number		Applied For	
21		26					<u>59-3381956</u>	4	Not Applicable	
Suite, Apt. #, etc. 22			Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be			
23			Zip Country			 	Trust Fund Contribution			
Zip	Country	}ı	ip	$\overline{}$	ntry		8. This corporation owes or has paid the current year Intangible			
24	[25] g. Name and Address of Curren	29 Li Register	red Agent	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
DE	ALS, ROBERT	it trogrator	ou Agont		81	Name	ID. Hame and Address of New Hogisters	a rigorit		
	00 W HIBISCUS BLVD			ļ						
	LBOURNE FL 32902				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
****	EDOUNING PL 32902			ļ	63		······································			
				}	64	City	F	85 Z	ip Code	
11. Pursuant t	to the provisions of Sections 607,050	2 and 607	.1508, Florida Statut	es, the ab	ove	-named corpo	oration submits this statement for the purpose	of changing	g its registered	
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida ations of, S	Such change was a Section 607.0505, Fk	autnorizec orida Stati	utes	r the corporations.	on's board of directors. I hereby accept the a	opointment	as registered	
SIGNATURE	Signature, typed or printed name of regularied age	of and title it a	pplicable (NOT	E Registered	Age	nt signature require	ed when reinstating) DATE			
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECT	ORS IN 12	
TITLE	PD		☐ DELETE	1.1 TIT	LE			Chang	je 🔲 Addition	
NAME	KODSI, MAURICE			1.2 NA	ME		4		;	
STREET ADDRESS	P.O. BOX 320637 N/A			1.3 STI	REET	ADDRESS			li li	
CITY-ST-ZIP	COCOA BEACH FL			1.4 CIT	Y-S	T- ZIP			;	
TITLE	V		☐ DELETE	2.1 TIT	LE			☐ Chang	ge 🗌 Addition 🕻	
NAME	KODSI, ROBERT			2.2 NA	ME					
STREET ADDRESS	P.O BOX 320637 N/A			2.3 STI	REET	ADDRESS				
CITY-ST-ZIP	COCOA BEACH FL			2. 4 CI	TY - S	ST-ZIP				
TITLE			☐ DELETE	3.1 TIT	LE			Chang	ge 🗀 Addition	
NAME				3.2 NA	ME					
STREET ADDRESS						ADORESS				
CITY - ST - ZIP			The see	3.4. CI		ST-ZIP		T ou		
TITLE			DELETE	4.1 TiT				[] Chang	ge Addition	
NAME				4. 2 N/						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			Driete	4.4 CIT		T-ZIP		Chang	ne Addition	
TITLE			☐ DELETE	5.1 TIT				— Charly	's T Manifoli	
NAME				5.2 NA						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELETE	5.4 CII		1-ZIP		Chang	16 Addition	
TITLE			L.J VELETE	6.1 117				LT CHANG	,o LJ Addition	
NAME				6.2 NA		ABBBERG				
STREET ADDRESS						ADDRESS			1	
CITY-ST-ZIP	sertify that the information supplied w	ith this file	na does not qualify fo	6.4 CII			Section 119.07(3)(i), Florida Statutes. I further	certify that	the information	
a e illeren) (оты у птак ито и поличаноги вирушост w	mer tens till	ig acces not qualify it	O, 1110 DAG	p	non ataleu ill i	Sociality i secondolling i righted states at fulfiller	Commy midt	incontation	

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.

3-25-98