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

FILED PROFIT Feb 18 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P96000013523 (1) DOCUMENT # VILLAGE ASSOCIATES, INC. Principal Place of Business Mailing Address 7800 RED ROAD, SUITE 119 7800 RED ROAD. SUITE 119 SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/13/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0648105 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Žιο Zip 8. This corporation owes or has paid the current year Intangible Yes No 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name 701 BRICKELL AVENUE, SUITE 3000 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33131** 83 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. Lam familiar with, and accept the obtigations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typest or pented harne of registered agent and title it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change Addition TITLE 1.1 TITLE FINE, MARTIN NAME 1.2 NAME 701 BRICKELL AVE. SUITE 3000 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE GOULD, GERALD 2.2 NAME NAME 7800 RED ROAD, SUITE #119 STREET ADDRESS 2.3 STREET ADDRESS **SOUTH MIAMI FL 33143** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition ĦIL€ 3.1 TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 34. CITY-ST-ZIP DELETE Change ___ Addition TITLE 4.1 DILE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIF Change DELETE Addition 6.1 TITLE

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 fivelee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attacture highly with an address. Block 12 or Block 13 it changed, or on an attaching

6.4 CITY - ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY - ST - ZIP

× 305-666-3075

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