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Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P96000024636 (8)**

1. Corporation Name
CONDOVILLAS, INC.

Principal Place of Business	Mailing Address
5072 LOBLOLLY BAY LANE ORLANDO FL 32829	5072 LOBLOLLY BAY LANE ORLANDO FL 32829-8733

3. Date Incorporated or Qualified: 03/15/1996
3a. Date of Last Report:

2. Principal Place of Business
21 5072 LOBLOLLY BAY LN
Suite, Apt. #, etc.
22
City & State
23 ORLANDO FLORIDA
Zip 24 32829 Country 25 USA

2a. Mailing Address
26 5072 LOBLOLLY BAY LN
Suite, Apt. #, etc.
27
City & State
28 ORLANDO FLORIDA
Zip 29 32829 Country 30 USA

4. FEI Number: 59-3387849 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. 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 ☐ No

9. Name and Address of Current Registered Agent

CARRAL, PEDRO
5072 LOBLOLLY BAY LANE
ORLANDO FL 32829

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BRIZEULA, LUIS		1.2 NAME	
STREET ADDRESS	309 53RD STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST NEW YORK NJ 07093		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MOREJON, LORENZO		2.2 NAME	
STREET ADDRESS	23-58 79TH ST. FIRST FLOOR		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON HEIGHTS NY 11370		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARRAL, PEDRO		3.2 NAME	
STREET ADDRESS	5072 LOBLOLLY BAY LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32829		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CARRAL, HERMINIA		4.2 NAME	
STREET ADDRESS	5072 LOBLOLLY BAY LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32829		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby 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 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: _____ 3-17-97 (407) 249-2831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #