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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

P96000024636 (8)

CONDOVILLAS, INC.

FILED Apr 17 1998 8:00am Secretary of State



					<u> </u>		
Principal Place of Business Mailing Address						I IEEGISEG IIE IDIG BIIII BEIII BEIII EGIII BEI	IA NIAIN BIRJA ALIBA NINIA 9114 1861
	LLY BAY LANE		5072 LOBLOLLY BAY LANE				
ORLANDO FL 32829		ORLANDO FL 32829 US				DO NOT WRITE IN THIS SPACE	
		•				3. Date Incorporated or Qualified	
						03/15/1996	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For
21		26				59-3387849	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	├ ¬ ' '			5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State				<u> </u>	Fee Required
23		·				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip			Cou	Country		Trust Fund Contribution 8. This corporation owes or has paid the	Added to Fees
24	25	29	30			Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren		1001			10. Name and Address of New Register	
CARRAL, PEDRO				81 Name			
5072 LOBLOLLY BAY LANE			}	82 S	treet Addre	ess (P.O. Box Number is Not Acceptable)	
	RLANDO FL 32829		ļ	~ °	iicoi naare	553 (1.0. DOX HORIDOI IS NOT Acceptable)	
				83			
				84 C	ity		85 Zip Code
44 Dureupant	to the provisions of Sections 607.060	and 607 1609 Florida Ctat.	ulon tho at		mod ooro		
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 Signature, typed or printed name of registered agent and title it applicable (NOTE, Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND		13.	- Igo K o	g la a c roquio	ADDITIONS/CHANGES TO OFFICERS	
TITLE	V DELETE		1.1 TI3	1.1 TITLE			Change Addition
NAME	Briz eula, Luis		1.2 NA	1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS		RESS		
CITY-ST-ZIP	WEST NEW YORK NJ 07093		1.4 CH	1.4 CHY-ST-ZIP			
TITLE	P DELETE		2.1 TH	2.1 TITLE			Change Addition
NAME	MOREJON, LORENZO		2.2 NAME				
STREET ADDRESS	23-58 79TH ST. FIRST FLOO		2.3 STREET ADDRESS		ress		
CITY-ST-ZIP	JACKSON HEIGHTS NY 1137			2. 4 CITY-ST-ZIP			
TITLE	T DELETE			3.1 TITLE		•	☐ Change ☐ Addition
NAME	CARRAL, PEDRO			3.2 NAME			
STREET ADDRESS	1			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	ORLANDO FL 32829			3.4. CITY-ST-ZIP 4.1 TITLE			Change L Addition
NAME			4.1 III 4.2 N/				Change Addition
STREET ADDRESS	PARA LANGALIA NALI CALIFO			-	DCCC		
	ODI ANDO EL COCCO			REET ADD			
CITY-ST-ZIP TITLE			5.1 TIT	Y-ST-ZII LE			Change Addition
NAME			5.2 NA				
STREET ADDRESS				REFT ADD	RESS		
CITY-ST-ZIP				Y-ST-ZII			
TITLE		DELETE	61 TIT				Change Addition
NAME			62 NA				
STREET ADDRESS				reet aod	RESS		
CITY-ST-ZIP				Y-ST-ZI			
	artify that the information numbind wit	b this filing does not qualify t				Costion 110 07/2\(\text{i}) Florida Statutas furtha	- a a stiff of the state of the

indicated on this annual report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 frustee 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.