

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90117 044 ***150.00

DOCUMENT # P96000044094

1. Corporation Name
VILLVERDE PROPERTIES, INC.

Principal Place of Business
241 CAPE FLORIDA DR.
KEY BISCAYNE FL 33149

Mailing Address
241 CAPE FLORIDA DR.
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1996

4. FEI Number

65-0669903

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

JOSE M. MARQUEZ, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

c/o Alberto Guerra

83 782 NW LeJeune Road, Suite 548

84 City
Miami

FL

85 Zip Code
33126

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 *Alberto Guerra* Alberto Guerra

January 27, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME ~~HERRAN, MANUEL A.~~

STREET ADDRESS ~~8460 SW 5 ST.~~

CITY-ST-ZIP ~~MIAMI FL 33144~~

TITLE ☒ DELETE

NAME ~~GUERRA, ARMANDO J.~~

STREET ADDRESS ~~9475 JOURNEY'S END ROAD~~

CITY-ST-ZIP ~~CORAL GABLES FL 33156~~

TITLE ☒ DELETE

NAME ~~GUERRA, ALBERTO~~

STREET ADDRESS ~~241 CAPE FLA. DR.~~

CITY-ST-ZIP ~~KEY BISCAYNE FL 33156~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

P/D

1.2 NAME

HERRAN, MANUEL A.

1.3 STREET ADDRESS

8460 SW 5th Street

1.4 CITY-ST-ZIP

Miami, Florida 33144

2.1 TITLE

VP/S/D

2.2 NAME

GUERRA, ARMANDO J.

2.3 STREET ADDRESS

9475 Journey's End Road

2.4 CITY-ST-ZIP

Coral Gables, Florida 33156

3.1 TITLE

VP/AS/D-

3.2 NAME

GUERRA, Alberto

3.3 STREET ADDRESS

241 Cape Florida Drive

3.4 CITY-ST-ZIP

Key Biscayne, FL 33149-2710

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Alberto Guerra* Alberto Guerra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99 (305) 447-1160

Date

Daytime Phone #

CR2E034 (11/98)

0221141