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Mar 07 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 # P96000072336 (6)

1. Corporation Name
THE OLD VILLAGE HOME DESIGN, INC.



Principal Place of Business

11624 SW 135TH PLACE
MIAMI FL 33186

Mailing Address

11624 SW 135TH PLACE
MIAMI FL 33186-4426

3. Date Incorporated or Qualified

08/30/1986

3a. Date of Last Report

2. Principal Place of Business

21 2029 Bay 1

22 Harrison street

23 Hollywood, FL

24 33020

25 Broward

2a. Mailing Address

26 2029 Bay 1

27 Harrison street

28 Hollywood, FL

29 33020

30 Broward

4. FEI Number

65-0723346

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

ESCANILLA, JAIME
11624 SW 135TH PLACE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name
GONZALO Johnson

82 Street Address (P.O. Box Number is Not Acceptable)
8240 Hawthorne Ave

83

84 City
MIAMI

FL

85 Zip Code
3

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] PRESIDENT

2/25/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ESCANILLA, JAIME
11624 SW 135TH PLACE
MIAMI FL 33186

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
JOHNSON, GONZALO
8240 HAWTHORNE AVENUE
MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ESCANILLA, MARIA A
11624 SW 135TH PLACE
MIAMI FL 33186

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
JOHNSON, VERONICA
8240 HAWTHORNE AVE.
MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: [Signature] PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/97

(954) 922-3229

CR2E034 (9/96)