

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

APPROVED  
AND  
FILED

1997 OCT 23 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000093501**  
1. Corporation Name  
**Villa Alegre, Inc.**

Principal Place of Business  
**VIP SAL 1279**  
**PO Box 025364**  
**Miami, Fla. 33102**

Mailing Address  
**VIP SAL 1279**  
**PO Box 025364**  
**Miami, Fla. 33102**

3. Date Incorporated or Qualified  
**11/14/1996**

3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> <b>d/o Rosemary Sala</b>
<b>22</b> City & State	<b>27</b> <b>328 Crandon Blvd. #202</b>
<b>23</b> Zip	<b>28</b> <b>Miami, Fla.</b>
<b>24</b> Country	<b>29</b> <b>33149</b>
<b>25</b>	<b>30</b> <b>USA</b>

4. FEI Number ☒ 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

**Corporation Service Company**  
**1201 Hays Street**  
**Tallahassee, Fla. 32301-2525**

10. Name and Address of New Registered Agent

81 Name	<b>A. Rosemary Sala, Esq.</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>328 Crandon Blvd.</b>
83	<b>Suite 202</b>
84 City	<b>Key Biscayne</b>
85 Zip Code	<b>FL 33149</b>

11. Pursuant to the provisions of Sections 607.05(2) 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 607.0507, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**October 22, 1997**

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>Director</b>	<input type="checkbox"/> DELETE
NAME	<b>Beatriz Villanova</b>	
STREET ADDRESS	<b>VIP SAL 1279 PO Box 025364</b>	
CITY-ST-ZIP	<b>Miami, Florida 33102</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**REINSTATEMENT**

**600002329386-- 7**  
**-10/24/97--01098--010**  
**\*\*\*\*\*750.00 \*\*\*\*\*750.00**

**600002329386-- 7**  
**-10/24/97--01098--011**  
**\*\*\*\*\*8.75 \*\*\*\*\*8.75**

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: **Beatriz Villanova**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**October 22, 1997** (305)361-0183

Date

Daytime Phone

CR2E034 (9/96)