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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000011251 (0)													
CORAL VILLAS DEVELOPERS, INC.													
Principal Place of Business Mailing Address								\neg	E ENGLIQUE DIN INITE INDIA ANGLE CAN	40 00 00 00 (8			
3822 WEST 12 AVENUE HIALEAH FL 33012				3922 WEST 12 AVENUE HIALEAH FL 33012					DO NOT WRI	TE IN THIS	SPACE		
								}	3. Date Incorporated or Qualified	j			
)								j	01/31/1997				
2. Principal Place of Business				2a. Mailing Address					4, FEI Number			Appi	ied For
21			26						65-0726427			_	Applicable
Suite, Ap	pt. #, etc.		27	Suite, Apt. #, etc.					5. Certificate of Status Desired			75 Ad e Requ	ditional uired
I City & S	tate			City & State					6. Election Campaign Financing		\$5	. 00 м	ay Be
23			28						Trust Fund Contribution		Ad	ded to	Fees
Zip	<u> </u>			Zip			/	ĺ	8. This corporation owes or has paid the current year Intangible				
24	25			29 30					Personal Property Tax due Jui		Yes	<u> </u>	No
	7.	and Address of Currer	nt Hegiste	erea Agent		81	Name		10. Name and Address of New I	iegisterea	Agent		
CAYON, ROBERTO							Name						
3822 WEST 12 AVENUE						82	Street A	Addres	s (P.O. Box Number is Not Accept	able)			
HIALEAH FL 33012						83							
							City			FL	85	Zip Co	de
11. Pursua office o agent.	nt to the provis or registered a I am familiar w	sions of Sections 607 050 gent, or both, in the State with, and accept the oblig	2 and 60 of Florida ations of,	7.1508, Florida Stat u Such change wa s Section 607.0505, F	ites, the authoriz lorida St	above ed by atules	e-named y the corp s.	corpor	ation submits this statement for the o's board of directors. I hereby acc		of changi pointmen	ng its r	registered gistered
SIGNATUR	Stocehire, Ivoni	d or printed name of registered age	ent and title if	annicable (NC)It : Register	ed Age	ent s-coalure	required	when reinstaling)	DATE			
12.	3.4.2.3.477	OFFICERS AN			13	_		,	ADDITIONS/CHANGES TO OFF		D DIREC	TORS	IN 12
TITLE	D			☐ DELET E	1.1	TITLE	-				Cha	nge	Addition
NAME	CAYON	i, roberto			1.2	NAME	,						
STREET ADDRES	s 3822 V	VEST 12 AVENUE			1.3	STREET	ADDRESS						
CITY-ST-ZIP	HIALEA	H FL 33012			1.4	CITY-S	ST-ZIP						
TITLE	D			DELETÉ	. 21	TITLE					Cha	nge	Addition
NAME		ADO, CEFERINO			2.2	NAME							
STREET ADDRES	1	VEST 12 AVENUE			2.3	STREET	ADDRESS						
City-St-ZIP	HIALEA	VH FL 33012				CITY-	ST-ZIP						
TITLE				☐ DELETÉ		TITLE					Chai	nge (Addition
NAME					1	NAME	1						
STREET ADDRES	S						ADDRESS						
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TITLE						TITLE					ш сла	ı∄e [Addition
NAME PROFEST ADDOCE						NAME OTOGET	ľ						
STREET ADDRES	8						ADDRESS						
CITY-ST-ZIP TITLE				DELETE		CITY-S TITLE	01-ZIP				Char	nge 1	Addition
NAME				had bublis		NAME						√ - L	
STREET ADDRES	s						ADDRESS						l
CATY-ST-ZIP	-					CITY-S	1						
TITLE				☐ DELETE		TITLE	, EII				Char	nge I	Addition
MANAGE				-		ozkat							

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.

6.3 STREET ADDRESS

1-9-9

206.823-612

FILED

Jan 21 1998 8:00am

Secretary of State