Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90248 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000016336

1. Corporation Name

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE.

NAME

City-ST-ZIP

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

VILLAR INVESTMENTS, INC.

VICENTINATOLINETALO) IIAO					T ANDREADA STO COME COME AND CONTRACT AND A CONTRACT HAVE BUTON AND AND CONTRACT AN			
:								
Principal Plac	ce of Business	Mailing Address		,	T INDUINDS AND ANGAL SOURCE BOOK ORTH BOTH COTAL AND		uuu u u uu 1 46 1	
12020 S.W. 180TH STREET 12020 S.W. 180TH STREET MIAMI FL 33177 MIAMI FL 33177								
					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	/ NOL		
					02/20/1997			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Apr	olied For	
26					65-0743461	Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27					5, Certificate of Status Desired	\$8.75 A Fee Re		
City & State City & State			•		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year Intai	ngible		
.4	25 29		30				□ No	
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered A	gent		
				81 Name			•	
VILLAR, BENIGNO				82 Street Add	dress (P.O. Box Number is Not Acceptable)			
3207 S.W. 99TH PLACE				ou corrid				
MIAI	MI FL 33165-3952			83				
				84 City	FL	85 Zip C	ode	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statu	utes, the a	bove-named co	rporation submits this statement for the purpose of c	nanging its	registered	
office or	registered agent, or both, in the St am familiar with, and accept the ob	tate of Florida. Such change was	authorized	by the corpora	tion's board of directors. I hereby accept the appoint	iment as reg	gistered	
•		nigations of occion corrects,	onda otal					
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOT	E: Registered	Agent signature requi	red when reinstating) DATE			
12. OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PD DELETE		1.1 TI	n.E		Change	☐ Additio	
NAME	VILLAR, MIGUEL		1.2 N	AME.				
STREET ADORESS				REET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33177			TY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE	TD DELETE		2.1 Ti	rle	•	Change	☐ Addition	
NAME	VILLAR, MIGUEL JR.		2.2 N	ME	•			
STREET ADDRESS	8771 N.W. 14TH STREET		2.3 ST	REET ADDRESS		,		
CITY-ST-ZIP	PEMBROKE PINES FL 3302		2. 4 C	rry-st-zip				
TITLE	SD	☐ DELETE	3.1 П	TLE .		☐ Change	Addition Addition	
NAME	VILLAR, MERCEDES		3.2 N	ME				

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 a statute of the corporation 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 a statute of the corporation 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 a statute of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

☐ DELETE

12020 S.W. 180TH STREET

MIAMI FL 33177

Daytime Phone #

Addition

Addition

Addition

Change

Change

___ Change