

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  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90021 050 \*\*\*150.00

DOCUMENT # P97000022398

1. Corporation Name  
LA VILLE DESIGN, CORP.

Principal Place of Business  
4724 SW 72 AVE.  
MIAMI FL 33155

Mailing Address  
4724 SW 72 AVE.  
MIAMI FL 33155



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 4728 SW 72 Ave  
Suite, Apt. #, etc.  
22  
City & State  
23 MIAMI FL  
Zip Country  
24 33155 25 DADE  
2a. Mailing Address  
26 4728 SW 72 Ave  
Suite, Apt. #, etc.  
27  
City & State  
28 MIAMI FL  
Zip Country  
29 33155 30 DADE

3. Date Incorporated or Qualified  
03/12/1997

4. FEI Number  
APPLIED FOR  
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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FALERO, DESIREE L  
9620 SW 67 AVE.  
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name MARIA ESCANILLA  
82 Street Address (P.O. Box Number is Not Acceptable)  
11624 SW 135 PLACE  
83  
84 City MIAMI FL 85 Zip Code 33186

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	FALERO, DESIREE L	9620 SW 67 AVE.	MIAMI FL 33156	<input checked="" type="checkbox"/>
DS	FALERO, RICARDO	9620 SW 67 AVE.	MIAMI FL 33156	<input checked="" type="checkbox"/>
DVP	ESCANILLA, JAIME	11624 S.W. 135 PLACE	MIAMI FL 33186	<input type="checkbox"/>
DT	ESCANILLA, MARIA A	11624 S.W. 135 PLACE	MIAMI FL 33186	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99 (305) 669-1304  
Date Daytime Phone #

CR2E034 (11/98)