

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
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90124 023 ***150.00

DOCUMENT # P97000052926

1. Corporation Name
VILLANDRY, INC.

Principal Place of Business
681 S.E. 7TH AVENUE
POMPANO BEACH FL

Mailing Address
681 S.E. 7TH AVENUE
POMPANO BEACH FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1997

4. FEI Number
65-0767595

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

2. Principal Place of Business

2a. Mailing Address

21 3300 UNIVERSITY DR
Suite, Apt. #, etc.

26 3300 UNIVERSITY DR
Suite, Apt. #, etc.

22 706

27 706

City & State

City & State

23 CORAL SPRINGS FL

28 CORAL SPRINGS FL

Zip Country

Zip Country

24 33065 25

29 33065 30

9. Name and Address of Current Registered Agent

BOURGOIGNIE, P T ESQ.
5201 BLUE LAGOON DR.
SUITE 100
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name PATRICK VIVIES

82 Street Address (P.O. Box Number is Not Acceptable)
700 E DANIA BEACH BLVD

83 SUITE 202

84 City DANIA

85 Zip Code FL 33004

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 his address

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME GAULTIER, SERGE
STREET ADDRESS 681 S.E. 7TH AVENUE
CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☐ DELETE
NAME BALOGUE, PASCAL
STREET ADDRESS 681 S.E. 7TH AVENUE
CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☐ DELETE
NAME TRUCHMENT, JEAN-PHILLIPE
STREET ADDRESS 681 S.E. 7TH AVENUE
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 8632 NW 62 PL
3.4 CITY-ST-ZIP PARKLAND FL 33067

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 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

Date

Daytime Phone #

CR2E034 (1/98)

0155307