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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

FILED

May 04 1998 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P97000061369 (9)

LAS VILLAS II, INC.

Principal Plac	e of Business	Mailing Address		
1089 ALTON RD PORT CHARLOTTE FL 33952		1089 ALTON RD PORT CHARLOTTE FL 33	1069	
		PONT CHARLOTTE PE 33552		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
9 Principal P	lace of Rusiness	2a. Mailing Address		07/14/1997 4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address 21 26		⊢		4. FEI Number Applied For Not Applicable
Suite, Apt. #, etc. Suite, A		Suite, Apt. #, etc.		S9.75 Additional
27		27		5. Certificate of Status Desired
City & State City & State			6. Election Campaign Financing \$5.00 May Be	
23	Country	28 Zip	Country	Trust Fund Contribution
Zip	Country	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Currer		1301	10. Name and Address of New Registered Agent
CASTILLO, ROBERTO A 81 Name				
1089 ALTON RD			B2 Street A	Address (P.O. Box Number is Not Acceptable)
PORT CHARLOTTE FL 33952				
			83	
			84 City	85 Zip Code
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, typod or printed name of registered ag-	ret and title if applicable. (NOT	£ Registered Agent signature	required when reinstaling) DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0	☐ DELETE	1.1 TITLE	Dr. Castilla Rabelto (Corfection)
NAME	CASTILLO, ROBERTO		1.2 NAME	DEL CASTILLO ROBERTO (CORRECTION) 1089 ALTON ROAD
STREET ADORESS	1089 ALTON RD	i		PORT CHARLOTTE, FL. 33952
CITY-ST-ZIP TITLE	PORT CHARLOTTE FL 33952	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	D
NAME	CASTILLO, AGNES			DEL CASTILLO, AGNES (CORRECTION)
STREET ADDRESS	1089 ALTON RD		2.3 STREET ADDRESS	1089 ALTON ROAD
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	·	2. 4 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33952
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP	Chance Addition
TITLE NAME		- Prific	4.1 TITLE 4. 2 NAME	Citalize Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.9 STREET ADDRESS	ļ
CITY-ST-ZIP			5.4 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 affinal report of 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 trusted 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DELETE