

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000080597**

1. Corporation Name

VILLOS FREIGHT CORP.

Principal Place of Business

7290 NW 54TH ST
MIAMI FL 33166

Mailing Address

7290 NW 54TH ST
MIAMI FL 33166

2. Principal Place of Business

21 **6174 NW 74 AVE.**

2a. Mailing Address

26 **6174 NW 74 AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **MIAMI FL.**

City & State

28 **MIAMI FL.**

Zip

24 **33166.**

Country

25 **U.S.A.**

Zip

29 **33166.**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

NOVO, SANDRA
6817 N.W. 84TH AVE
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1997

4. FEI Number

65-0788805

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.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name **LUZ MARINA OSPINA.**

82 Street Address (P.O. Box Number is Not Acceptable)

17900 NW 86 AVE.

83

84 City **MIAMI**

FL

85 Zip Code **33015.**

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 **Luz Marina Ospina**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 23 / 99.

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **OSPINA, LUZ M**
STREET ADDRESS **17900 MORINA OSPINA**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **17900 NW 86 AVE.**
1.4 CITY-ST-ZIP **MIAMI FL. 33015.**

2.1 TITLE **DIRECTOR.** ☐ Change ☒ Addition
2.2 NAME **JOSE JAMES VILLO.**
2.3 STREET ADDRESS **17900 NW 86 AVE.**
2.4 CITY-ST-ZIP **MIAMI FL. 33015.**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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.

SIGNATURE: **Luz Marina Ospina**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 23 / 99.

CR2E034 (5/99)

FILED
Feb 05, 1999 8:00 am
Secretary of State

02-05-1999 90022 039 ***150.00

