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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000091604 (3)

VILLAS LAS PALMAS, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address %ARAN CORREA & GUARCH, P.A. **%ARAN CORREA & GUARCH, P.A.** 710 S. DIXIE HIGHWAY 710 S. DIXIE HIGHWAY CORAL GABLES FL 33146 CORAL GABLES FL 33146 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/24/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0798985 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country $Z_{\rm ID}$ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes , Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORREA, DANNY ARAN CORREA & GUARCH, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 710 SOUTH DIXIE HIGHWAY 83 CORAL GABLES FL 33146 84 City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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 State transge was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, if am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change ☐ DELET**e** 1.1 TITLE Addition TITLE ARAN, FERNANDO S 1.2 NAME NAME 710 S. DIXIE HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL 33146** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **GUARCH**. J M JR. NAME 2.2 NAME 710 S. DIXIE HIGHWAY STREET ADDRESS 2.3 STREET ADDRESS **CORAL GABLES FL 33146** CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE **CORREA, DANNY** 3.2 NAME 710 S. DIXIE HIGHWAY STREET ADDRESS 3.3 STREET ADDRESS **CORAL GABLES FL 33146** 3.4. C(1Y-ST-Z)P CITY-ST-ZIP DELETE Change __ Addition 4.1 TITLE TITLE **PUIG, JUAN** NAME 4. 2 NAME **628 ALEDO AVENUE** STREET ADDRESS 4.3 STREET ADDRESS **CORAL GABLES FL 33134** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET APORESS 6.4 CITY - ST - ZIP CITY-ST-ZIF

14. I hereby certify that the information supplied with this filling 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 arroad 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.

June E

4-30-98 3-5413078