

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

pay April 10

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P97000096526**

1. Corporation Name
VILLAGE FILMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**317 MINORCA AVE
SUITE E
CORAL GABLES FL 33134
US**

Mailing Address
**317 MINORCA AVE
SUITE E
CORAL GABLES FL 33134
US**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified
11/12/1997

4. FEI Number
65-0798145

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes the current year Intangible Personal Property Tax ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**GODOY, GUSTAVO
421 MARMORE DRIVE
CORAL GABLES FL 33146**

81 Name
82 Street Address (P.O. Box or Rural Address)
83
84 City
FL

10. Name and Address of New Registered Agent
**300002807193--0
-06/17/99--01020--004
****150.00 ****150.00**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	GODOY, GUSTAVO	421 MARMORE AVE.	CORAL GABLES FL 33146	
D	MARTINEZ, RICARDO	8565 N.W. 55TH TERRACE APT 1404	MIAMI FL 33126	<input checked="" type="checkbox"/>
D	OJEDA, CARLOS A	17988 S.W. 14TH ST.	PEMBROKE PINES FL 33029	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11	12	13	14	
21	22	23	24	
31	32	33	34	
41	42	43	44	
51	52	53	54	
61	62	63	64	

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

Per. Jan/10/99

Date

Daytime Phone #

CR2E034 (11/98)