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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999

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



DOCUMENT # P98000059364

Corporation Name
VILANO PIER, INC.

Principal Place of Business
 250 VILANO ROAD
 ST. AUGUSTINE FL 32095

Mailing Address
 250 VILANO ROAD
 ST. AUGUSTINE FL 32095



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/02/1998	
21	St. Augustine	26	254 VILANO RD.	4. FEI Number 59-3518823	Applied For Not Applicable
22	Suite, Apt. #, etc. St. Augustine	27	Suite, Apt. #, etc. St. Augustine	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State 32095 St. Johns	28	City & State 32095 St. Johns	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RAMIREZ, DANIEL R 250 VILANO ROAD ST. AUGUSTINE FL 32095		DANIEL RAMIREZ R 2290 S. Palmetto Av. # H-1 S. DAYTONA BEACH FL 32119	
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, typed or printed name of registered agent and title if applicable. DANIEL R. RAMIREZ (NOTE: Registered Agent signature required when reinstating) DATE 01/16/99	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL RAMIREZ	1.2 NAME	
STREET ADDRESS	2290 S. PALMETTO AV. # H-1	1.3 STREET ADDRESS	
CITY-ST-ZIP	S. DAYTONA BEACH FL 32119	1.4 CITY-ST-ZIP	
TITLE	V.P. PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL ROZENSHTEYN	2.2 NAME	
STREET ADDRESS	2625 S. ATLANTIC	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	2.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD JADAN	3.2 NAME	
STREET ADDRESS	815 GROVESIDE RD. APT. 5-5	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY 11223	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 118.07(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: **DANIEL R. RAMIREZ** **01/16/99** **01/16/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)