Applied For

\$8.75 Additional

\$5.00 May Be

Fee Required ---

Not Applicable

∄

Daytime Phone #

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



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #** P98000106497 1. Corporation Name

VILLA JANET 1, INC.

Principal Place of Business

18495 SW 202ND STREET

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE

City & State

21

MIAMI FL 33187

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

18495 SW 202ND STREET MIAMI FL 33187

FILED Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90028 047 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/21/1998

65-0885006

5. Certificate of Status Desired

6. Election Campaign Financing

23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Co	untry	8. This corporation owes the cu	· · · · · · · · · · · · · · · · · · ·
24	25	29	30		Intangible Personal Property.	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New	Registered Agent
HERNANDEZ, EUMELIA				81 Name		
				82 Street Addr	ess (P.O. Box Number is Not Accep	table)
18495 SW 202ND STREET				GZ Street Addi	eas (1.0. Bbx (40)) bot 13 (40) (1000)	
MIA	MI FL 33187			83		
				\ <u>-</u>		
				84 City		FL 85 Zip Code
11 Purcuant	t to the provisions of sections 607.050	2 and 607 1508. Florida	Statutes, the a	bove-named corpo	ration submits this statement for the	purpose of changing its registered
office or I	registered agent or both in the State	of Florida, Such change	was authoriza	ed by the corporati	on's board of directors. I hereby according	ept the appointment as registered
agent. I a	am familiar with, and accept the oblig	ations of, section 607.05	US, FIORGA ST	atutes.		
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Regis	stered Agent signature requ	uired when reinstating)	DATE
12.		ND DIRECTORS	13			FFICERS AND DIRECTORS IN 12
TITLE	D	DELE	TE 1.1	TITLE		Change Addition
NAME	HERNANDEZ, EUMELIA			NAME		<u>-</u>
STREET ADDRESS	17121 SW 156TH ST		1.3 \$	STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33187			CITY-ST-ZIP		
TITLE	MINUM 1 E GO TO:	DELE		TITLE		Change Addition
NAME				NAME		
		•	B	STREET ADDRESS		
STREET ADDRESS				CITY-ST-ZIP		
CITY-ST-ZIP TITLE	·	DELE		TITLE		Change Addition
		L. DELE		NAME		
NAME				STREET ADDRESS		
STREET ADDRESS			1			
CITY-ST-ZIP				CITY-ST-ZIP		Change Addition
TITLE		☐ DELE	.,_	NAME		Change Addition
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STREET ADDRESS	}		1	ì		
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NAME				NAME		
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TITLE				TITLE		Change Addition
	1			NAME		· ·
NAME				STREET ADDRESS		
				CITY-ST-ZIP		

596 100 70028-4-1 P9800010649.7

Louis Figueras Certified Public Accountant 6419 S.W. 40th Street, Suite C Miami, 4L 33155

> Phone 305 666-3617 Pax 305 666-1451

July 20, 1999

Dr. Dept. of State annual Report Tallahassee, 21 32302

le Valla Janet 1, Inc.

Destlemen:

As fer our telephone Conversation attacked find my creck for \$150.00 in payment of annical Defort - 1999. (Second request)

Please be informed that we never received first notice, and that is the reason for not paying by april 1, 1999

We are parsy for the inconvenience. Accept our apologies.

Camelia Sternais