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 # S10162

EUROPA VILLAS, INC.

FILED Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90012 041 ***550.00



•	e of Business																
2295 CORAL WAY MIAMI FL 33145			2295 CORAL WAY MIAMI FL 33145						O NOT W	RITE IN	THIS S	PACE					
									1	ncorporated	d or Qualifi	ed	•	. , ,			
2 Principal Pl	lace of Busine		28	a. Mailing Ad	ldress				4. FEI N						App	lied Fo	or
2. Principal Place of Business			26					65-02	28058					Not	Applic	able	
Suite, Apt:	#. etc:			Suite, Apt.	#, etc.		·				va Daalaad		7	\$8:	75'A	ddition	ial
22			27	.]					5. Centili	cate of Stat	us Desired	,	.,	Fe	e Rec	periu	
City & State	e	 	 - -	City & Stat	te				6. Election	on Campaig	n Financin	ng	_	\$5	.00.	May Be	e
23			28						Trust	Fund Contr	ibution	<u> </u>				Fees	
Zìp		Country		Zip		Coul	ntry		8. This c	orporation o	owes the c	urrent ye	ar		$\overline{}$		1
24		25	29			30			Intang	ible Person	al Property	y		Yes	<u> </u>	No	
	9. Name	and Address of	Current Reg	istered Agen	nt				10. Name	and Addr	ess of Nev	w Regist	ered A	gent			
							81 Na	ıme									
	ROLL, LINDA						82 St	reet Addre	ess (P.O. Bo	x Number is	s Not Acce	ptable)					
		CAYNE BLVD					<u> </u>										
	E 2400					l	83										1
MIAW	II FL 33131						84 Ci	ty					FL	85	Zip C	ode	
11. Pureuant	to the provisi	ions of sections 6	07 0502 and 0	607.1508. Flo	rida Statute	es, the abo	ove-nam	ed corpor	ration submit	s this staten	nent for the	purpose	of cha	nging	its reg	istere	1
office or	renistered an	ent or both in th	e State of Flo	eida Such ch	ianda was a	authorized	ov the	corporatio	on's board of	directors. I	hereby ac	cept the	appoint	ment :	as reg	istered	d (
			a ablications	of section 60	17 0505 FI	orida Stati											1
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an officer or director of the corporation or the receiver or trostee 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 of the attachment with an address.

SIGNATURE:

305-81-8-6200