


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

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S14277 (5)
1. Corporation Name
VILLVERDE & ASSOCIATES, INC.



Principal Place of Business: 7575 W FLAGLER ST STE 203 MIAMI FL 33144
Mailing Address: 7575 W FLAGLER ST STE 203 MIAMI FL 33144-2467

3. Date Incorporated or Qualified: 11/26/1990
3a. Date of Last Report: 08/08/1996

2. Principal Place of Business: 4851 NW 79 AVE SUITE 2 MIAMI, FL 33166
2a. Mailing Address: SAME
21, 22, 23, 24, 25, 26, 27, 28, 29, 30

4. FEI Number: 65-0229002
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: BLONSKY, DANIEL F ARAGON, MARTIN, BURLINGTON & CROCKETT, PA 2699 SOUTH BAYSHORE DR. PENTHOUSE MIAMI FL 33133

10. Name and Address of New Registered Agent: B1 Name, B2 Street Address, B3, B4 City, B5 Zip Code (FL)

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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	VILLVERDE, RICHARD J.	
STREET ADDRESS	10405 SW 109 ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	VILLVERDE, RICHARD J	
STREET ADDRESS	10405 SW 109 ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	M	<input type="checkbox"/> DELETE
NAME	VILLVERDE, TARA S	
STREET ADDRESS	10405 SW 109 ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4851 NW 79 AVE, SUITE 2
1.4 CITY-ST-ZIP	MIAMI, FL 33166
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4851 NW 79 AVE, SUITE 2
2.4 CITY-ST-ZIP	MIAMI, FL 33166
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4851 NW 79 AVE, SUITE 2
3.4 CITY-ST-ZIP	MIAMI, FL 33166
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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, a shareholder, 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 given attachment with an address.

SIGNATURE: [Signature] 4-27-97 (305) 265-2666

CR2E034 (9/96)