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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S14277

(5)

1. Corporation VILLAVEF	RDE-& ASSOCIATES, INC.	(0)			# 1414 ANN ANN ANN ANN ANN ANN
Principal Place 7575 W FLAGLE STE 203 MIAMIT FL 33144	38.89	Mailing Address 7575 W FLAGLER ST STE 203 WAMT FL 33144-2467	•		
•		-		3. Date Incorporated or Qualified 11/26/1990	3a. Date of Last Report 08/08/1996
2. Principal Plant	lace of Business	2a. Mailing Address		4. FEI Number 65-0229002	Applied For Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State	11	6. Election Campaign Financing	\$5.00 May Be
23 MIA	Country	28	Country		Added to Fees
24 3314		29	30	8. This corporation has liability for inta Florida Statutes	
<u> </u>	9. Name and Address of Current			10. Name and Address of New Regis	stered Agent
	NSKY, DANIEL F		81 Name		
ARAGON, MARTIN, BURLINGTON & CROCKETT, PA			82 Street A	Address (P.O. Box Number is Not Acceptable)
	SOUTH BAYSHORE DR. PENTH	OUSE	83		
MIAN	MI FL 33133		03		
			84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State in familiar with, and accept the obliga	and 607.1508, Florida Statu of Florida, Such change was tions of Section 607.0505, F	tes, the above-named of authorized by the corp- torida Statutes.	corporation submits this statement for the pur oration's board of directors. I hereby accept t	pose of changing its registered
SIGNATURE	III Ipithipi Philippi and accept one accept	nond on booken armana,	orres orașe :		
	Signature, typed or printed name of registered age:		TE: Registered Agent signature r		DATE:
12.	OFFICERS AND	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition
TIFLE NAME	VILLAVERDE, RICHARD J.	- prese	1.1 HILE 1.2 NAME		E Onango E nosmon
STREET ADDRESS	-10405-BW-109-CT+			4851 HW 79 AVE	SUITE 2
CITY-ST-ZIP	MIAMI FL 33164		1.4 CITY-ST-ZIP	MIAMI, FL 33166	'
TITLE	SV	DELETE	2.1 T/ILE		Change Addition
NAME	VILLAVERDE, RICHARD J		2.2 NAME		- 4
STREET ADDRESS	10405 SW 109 ST		2.3 STREET ADDRESS	4851 NW 79 ANE,	Suite 2
CITY-ST-ZIP	MIAMI FL 35164		2. 4 CITY - ST - ZIP	MIAMI, FL 33166	
TITLE	M	L DELETE	3.1 TITLE	•	Change
NAME	VILLAVERDE, TARA S 10485 SW 109 STST		3 2 NAME	4851 HLL 79 AVE,	SUITE 2
STREET ADDRESS	MIAMI FL 33166				
CITY-ST-ZIP TITLE	WINWI LE 2010CA	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	MIAMI, FL 33166.	Change Addition
NAME		L.J. Octob	4 2 NAME		C outside C vicesion
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
Crity-St-ZiP	hy certify that the information supplier	with this Minordoes not also	lify for the exemption st	tated in Section 119.07(3)(i), Florida Statutes.	I further certify that the
informatio	by certify the midmidule supplied on indicated on this annual report on officer of director of the carbo at the in Block 12 or Block 13 if changing	up this hillightness not qua up the intal at mual report is us over or trustee empo on an uttachment with an ac	true and accurate and wered to exocute this re	that my signature shall have the same legal e eport as required by Chapter 607, Florida Sta	effect as if made under oath; that