

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

3/30/95 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S54347** (7)

1. Corporation Name
THE BIRD VILLA, INC.

Principal Place of Business: **23777 SW 152 AVENUE MIAMI FL 33032 US**
Mailing Address: **5831 S W 52ND TERR MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/22/1991** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0354232** Applied For: Not Applicable:
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. 156.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
State Apt. # etc.: **22** State Apt. # etc.: **27**
City & State: **23** City & State: **28**
24 25 29 30

9. Name and Address of Current Registered Agent
**ONA, ALFREDO V
5831 S W 52ND TERR
MIAMI FL 33155**

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address, P.O. Box Number, or Not Applicable: _____
B3 _____
B4 City: _____ FL B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0602 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 607.0603, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ONA, ALFREDO V
STREET ADDRESS	5831 52 TERR.
CITY, STATE, ZIP	MIAMI FL
TITLE	D
NAME	ONA, HELGA W
STREET ADDRESS	5831 52 TERR.
CITY, STATE, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, STATE, ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY, STATE, ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY, STATE, ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(9)(b), 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 in an attachment with an address.

SIGNATURE:
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALFREDO V. ONA

3/30/95 (305) 262-6077