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Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90162 023 \*\*\*158.75

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S89392

1. Corporation Name  
VILLAFINN CORPORATION

Principal Place of Business

~~9601 W. BROADVIEW DR.~~  
~~MIAMI FL 33154~~  
US

Mailing Address

~~9601 W. BROADVIEW DR.~~  
~~MIAMI FL 33154~~  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1991

4. FEI Number

65-0298835

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 owes the current year Intangible  
Personal Property Tax.

Yes ☒ No ☐

2. Principal Place of Business

21 5401 Collins Avenue  
Suite, Apt. #, etc.

22 # 534

23 Miami Beach, FL.  
City & State

24 33140 25 US  
Zip Country

2a. Mailing Address

26 P.O. Box 547214  
Suite, Apt. #, etc.

27

28 Surfside Florida  
City & State

29 33154 30 US  
Zip Country

9. Name and Address of Current Registered Agent

VILLALON, GEORGE L.

~~9601 W. BROADVIEW DR.~~  
~~MIAMI FL 33154~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5401 Collins Avenue # 534

83

84 Miami Beach, FL

85 Zip Code  
33140

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 *George L. Villalon*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME VILLALON, GEORGE  
STREET ADDRESS ~~9601 W. BROADVIEW DR.~~  
CITY-ST-ZIP MIAMI FL 33154

TITLE DV ☐ DELETE

NAME VILLALON, OLGA  
STREET ADDRESS ~~9601 W. BROADVIEW DR.~~  
CITY-ST-ZIP MIAMI FL 33154

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 5401 Collins Avenue #534  
1.4 CITY-ST-ZIP Miami Beach, FL. 33140

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 5401 Collins Avenue #534  
2.4 CITY-ST-ZIP Miami Beach, FL. 33140

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)