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Apr 28 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 # **V44714**

(6)

1. Corporation Name
SAN VILLA SERVICES CORPORATION



Principal Place of Business

**230 NE THIRD ST
#200
MIAMI FL 33132
US**

Mailing Address

**230 NE THIRD ST
#200
MIAMI FL 33132-2207
US**

3. Date Incorporated or Qualified
06/16/1992

3a. Date of Last Reg
06/04/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-8408752

Applied Fe
Not Appliance

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

**VILLANUEVA, NESTOR B.
230 NE THIRD ST
#200
MIAMI FL 33132**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	VILLANUEVA, NESTOR B.	
STREET ADDRESS	1419-A N.W. S. RIVER DR	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MELGAREJO, LORNA	
STREET ADDRESS	1419-A N.W. S. RIVER DR	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	VILLANUEVA, JOSE B.	
STREET ADDRESS	1419-A N.W. S. RIVER DR	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	YU, SUSAN	
STREET ADDRESS	520 NE 108 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MAGNO, NOEL	
STREET ADDRESS	1011 NW 11TH AVE.	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	DE LEON, ERNESTO	
STREET ADDRESS	1011 NW 11TH AVE	
CITY-ST-ZIP	MIAMI FL 33136	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	VILLANUEVA, NESTOR B.	
13 STREET ADDRESS	2301 SW 62 AVE, MIAMI, FL 33155	
14 CITY-ST-ZIP		
21 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MELGAREJO, LORNA	
23 STREET ADDRESS	1875 NW 7 ST. MIAMI, FL 33125	
24 CITY-ST-ZIP		
31 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	VILLANUEVA, JOSE B	
33 STREET ADDRESS	1504 EXCALIBUR CAMBLOT GARDENS AVE	
34 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
41 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	YU, SUSAN	
43 STREET ADDRESS	520 NE 108 ST, MIAMI, FL	
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 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

SIGNATURE:

Nestor Villanueva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97 (305) 371-9751
DATE DAYTIME PHONE #

CR2E034 (9/96)