

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

FILED

**May 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # V48861 (1)
1. Corporation Name
VILA AND SON TREE FARMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **20451 S.W. 216TH STREET MIAMI FL 33170 US**
Mailing Address: **20451 S.W. 216 STREET MIAMI FL 33187 US**

3. Date Incorporated or Qualified: **07/08/1992**
4. FEI Number: **65-0349370** 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

9. Name and Address of Current Registered Agent
**VILA, MARIA DEL PILAR
23315 S.W. 187 AVENUE
MIAMI FL 33031**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PT	<input checked="" type="checkbox"/>
NAME	DEL PILAR, VILA MARIA	
STREET ADDRESS	233315 S.W 187 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VS	<input checked="" type="checkbox"/>
NAME	VILA, BAUDILIO B.	
STREET ADDRESS	23315 S.W. 187 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PRESIDENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	VILA, JUAN CARLOS		
1.3 STREET ADDRESS	23315 SW 187 AVENUE		
1.4 CITY-ST-ZIP	MIAMI, FL 33170		
2.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	VILA, MARIA DEL PILAR		
2.3 STREET ADDRESS	23315 SW 187 AVENUE		
2.4 CITY-ST-ZIP	MIAMI, FL 33170		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.

SIGNATURE: *Vila Carlos*

CR2E034 (10/97)