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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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DO NOT WRITE IN THIS SPACE

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gloria B. Markham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006174 (6)
1. Corporation Name
2970333 CANADA INC.

Principal Place of Business Mailing Address
**% VISTAVIEW APARTMENTS, LTD.
17094 COLLINS AVE. SUITE 104
MIAMI BEACH FL 33160**

**% VISTAVIEW APARTMENTS, LTD.
17094 COLLINS AVE. SUITE 104
MIAMI BEACH FL 33160**

3. Date Incorporated or Qualified 3a. Date of Last Report
12/02/1994

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt #, etc	26. Suite, Apt #, etc	65-0565569	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Country	30. Country	6. This corporation has liability for intangible tax under § 169.052, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**GOVIN, LAWRENCE H ESQ
17071 W. DIXIE HWY
SUITE B
NORTH MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City 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 his or her address. (Print) Registered Agent apply an request when transmittal. (1-4)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESNAK, IRWIN	1.2 NAME	
STREET ADDRESS	5435 DE TERREBONNE, SUITE 101, MONTRAL	1.3 STREET ADDRESS	
CITY, ST, ZIP	QUEBEC, CANADA H4A 3R7	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 23, 1995 305 946-1050
Date (Agent's Name)