

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G03650** (0)

1. Corporation Name
WOODVIEW CORPORATION



Principal Place of Business: ATTN: CARLOS VERGARA, 2333 PONCE DE LEON BLVD., SUITE #1110, CORAL GABLES FL 33134
Mailing Address: ATTN: CARLOS VERGARA, 2333 PONCE DE LEON BLVD., SUITE #1110, CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 10/01/1982
3a. Date of Last Report: 04/04/1995

21. Principal Place of Business: 7128 S.E. RIVERS EDGE RD.
22. Suite, Apt. #, etc.
22a. Mailing Address: 7128 S.E. RIVERS EDGE RD.
27. Suite, Apt. #, etc.

4. FEI Number: 59-2237722
Applied For: Not Applicable

23. City & State: JUPITER, FL.
28. City & State: JUPITER, Florida

5. Certificate of Status Desired: \$8.75 Additional Fee Required

24. Zip: 33458
25. Country: U.S.A.
29. Zip: 33458
30. Country: U.S.A.

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
VERGARA, CARLOS M
2333 PONCE DE LEON BLVD., SUITE #1110
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: CARLOS M. VERGARA
82 Street Address (P.O. Box Number is Not Acceptable): 7128 S.E. RIVERS EDGE RD.
83
84 City: JUPITER FL 85 Zip Code: 33458

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: Carlos M. Vergara TD DATE: 4-24-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VERGARA, MANUEL F SR.	
STREET ADDRESS	16 TURTLE CREEK DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VERGARA, MANUEL F JR.	
STREET ADDRESS	6435 S.W. 94TH STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VERGARA, CARLOS M	
STREET ADDRESS	7128 RIVERS EDGE ROAD	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	DEV	<input type="checkbox"/> DELETE
NAME	BLANCO, FRANCISCO JR.	
STREET ADDRESS	6801 S.W. 75TH AVE.	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLANCO, JORGE	
STREET ADDRESS	7440 S.W. 68TH STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(3)(k), 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: Carlos M. Vergara DATE: 4-24-96 DAYTIME PHONE #: 407-745-1926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)