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**PROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUN I. Corporation VISTA	Name	NAGEMENT, IN	IC.	, ,								
Dringing Place	of Puninne		Ma	ailing Address				<b>                                 </b>				
rincipal Place of Business  3401 NO COUNTRY CLUB DR SUITE 516				3401 NO COUNTRY CLUB DR SUITE 516			!					
AVENTURA I	FL 33180			AVENTURA FL 33180				Incorporated or Quali 5/16/1983	fied 3a.		of Last	Report
2. Principal Pla	ace of Busin	ess	2a.	Mailing Address				Number				Applied Fo
]			26					65-0478420				Not Applic
Suite, Apt. i	#, etc.		27	Suite, Apt. #, etc.			5. Cert	ificate of Status Desire	ed 📋		•	<b>75</b> Additiona e Required
City & State				City & State			6. Elec	tion Campaign Financi	ing _		<b>\$5</b> .	00 May Be
			28					st Fund Contribution			Ad	led to Fees
Zφ		Country 25	29	Zip	Cour 30	ntry	l l	corporation has liabilitida Statutes	y for intang Yes 🛭		undei	s 199.032,
1	9. Name	and Address of Cu		tered Agent	I		10. Nan	ne and Address of N	lew Regist	ered A	gent	
						81 Name						
SKLAR,	LEONARD	) E.			ŀ	82 Street	Address (P.O. B	ox Number is Not Aco	eptable)			
		Y CLUB DR			}	83						
SUITE!						63						
AVENT	ura fl 33	180			ľ	B4 City				FL	85	Zip Code
or register	red agent, or	both, in the State of	Florida, Such	07.1508, Florida Statu h change was authori 0505, Florida Statute	zed by the c	ve-named corporation's	orporation submit board of directo	its this statement for thors. I hereby accept the	ne purpose e appointm	of cha	nging it register	s registered ed agent. I a
or register familiar wi SIGNATURE	red agent, or ith, and acce	both, in the State of pt the obligations of, or printed name of registered	Florida, Such Section 607.	h change was authori .0505, Florida Statute: applicable. (N	zeci by the c s.	corporation s	required when reinstation	ors, thereby accept the	в арропип	of chai ent as i		TORS IN 12
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certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this repeat in Block 12 or Block 13 if changed, or on an adactment with an address.

SIGNATURE: Signature And Typed On Printed Name of Signing Officer on Director Date Departs Proces.

Departs Proces.