

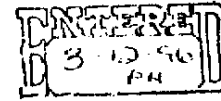
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PROFIT CORPORATION ANNUAL REPORT 1996



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

00088



DOCUMENT # **G43563** (7)

1. Corporation Name

VISTA REEF INVESTMENT CORP.

Principal Place of Business

Mail Stop Address

% B. MACKAY BROWN
7100 N KENDALL DR., STE 100
MIAMI FL 33156

% B. MACKAY BROWN
7100 N KENDALL DR., STE. 100
MIAMI FL 33156



2. Principal Place of Business

2a. Mailing Address

21 State, Apt., #, etc.

26 State, Apt., #, etc.

22 City & State

27 City & State

23 Zip

25 County

28 Zip

29 County

24

25

29

30

g. Name and Address of Current Registered Agent

**BROWN, B. MACKAY
C/O ORION INVESTMENT & MANAGEMENT
7100 N KENDALL DR., #100
MIAMI FL 33156**

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 607.07(2) and 607.15(3), Florida Statutes, the above named corporation hereby certifies 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 Sections 607.07(2)(a) and 607.15(3) Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	VOUTIRAS, A	
STREET ADDRESS	71 BROADWAY	
CITY-STATE-ZIP	NEW YORK, NY 00000	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	KISSANIS, NICHOLAS E	
STREET ADDRESS	1031 NW 21ST STDR #100	
CITY-STATE-ZIP	MIAMI, FL 00000	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BROWN, B MACKAY	
STREET ADDRESS	7100 N KENDALL DR #100	
CITY-STATE-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied in 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 is listed on this public report only upon the authority of the registrant 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 nominee or trustee of a corporation, or the executor or administrator of an estate, and that my name appears in Block 12, Block 13 if changed, or on an attachment with an officer.

SIGNATURE:

[Signature]

ASSISTANT SECRETARY

3-12-96 305-670-8460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. MACKAY BROWN

CR2E034 (12/95)