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**Mar 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # G43563 (7)
1. Corporation Name
VISTA REEF INVESTMENT CORP.



Principal Place of Business Mailing Address
**% B. MACKAY BROWN
7100 N KENDALL DR., STE. 100
MIAMI FL 33156**

3. Date Incorporated or Qualified **06/10/1983** 3a. Date of Last Report **03/28/1996**

21	2. Principal Place of Business <i>B. Mackay Brown</i>	26	2a. Mailing Address <i>B. Mackay Brown</i>	4. FEI Number 59-2317511	Applied For <input type="checkbox"/> Not Applicable
22	9100 SW 152 St #102	27	9000 SW 152 St #102	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Miami FL	28	Miami FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33157 Country USA	29	Zip 33157 Country USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BROWN, B. MACKAY C/O ORION INVESTMENT & MANAGEMENT 7100 N KENDALL DR., #100 MIAMI FL 33156		10. Name and Address of New Registered Agent	
81	Name	84	City
82	Street Address (P.O. Box Number is Not Acceptable)	85	Zip Code
83			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOUTIRAS, A	1.2 NAME	
STREET ADDRESS	71 BROADWAY	1.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK, NY 00000	1.4 CITY- ST- ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISSANIS, NICHOLAS E	2.2 NAME	
STREET ADDRESS	1031 NW 21ST STDR #100	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 00000	2.4 CITY- ST- ZIP	
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, B MACKAY	3.2 NAME	
STREET ADDRESS	7100 N KENDALL DR #100	3.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 00000	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *[Signature]* DATE: **3/3/97** DAYTIME PHONE: **305-278-8400**

CR2E034 (9/96)