

**NOW: FILING FEE AFTER MAY 1 IS \$100.00**

**CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # N93000002486 (9)**

Corporation Name  
**ARTS & DESIGN VILLAGE DEVELOPMENT COUNCIL OF BUE  
NA VISTA, INC.**

Principal Place of Business

Mailing Address

3841 NORTHEAST 2ND AVENUE  
SUITE 202  
MIAMI FL 33137  
US

4141 NE 2ND AVE  
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

06/02/1993

3a. Date of Last Report

08/11/1995

4. FBI Number

65-0424297

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSS, DAVID  
4141 NE 2ND AVE  
MIAMI FL 33137

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 607.0502 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	ROSS, DAVID
STREET ADDRESS	4141 NE 2ND AVE
CITY- ST- ZIP	MIAMI FL 33137
TITLE	P
NAME	MELIN, OLGA
STREET ADDRESS	3841 NE 2ND AVE
CITY- ST- ZIP	MIAMI FL
TITLE	T
NAME	LEE, SYLVIA
STREET ADDRESS	4100 NE 2ND AVE #105
CITY- ST- ZIP	MIAMI FL
TITLE	D
NAME	OXLEY, ALAN
STREET ADDRESS	3621 NE MIAMI CT
CITY- ST- ZIP	MIAMI FL 33137
TITLE	D
NAME	SALUS, MAVIS
STREET ADDRESS	3841 NE 2ND AVE #204
CITY- ST- ZIP	MIAMI FL 33137
TITLE	D
NAME	VIEUX-BRIERRE, FEDY
STREET ADDRESS	69 NE 62ND ST
CITY- ST- ZIP	MIAMI FL 33150

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	

100001872770 Change  Addition  
-06/24/96--01025--038  
\*\*\*61.25

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)(a), 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 617, 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 REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #

4/24/96

576-5515