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SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 MAY 30 AM 9:06

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P36189 (9)
 1. Corporation Name
VISTA INVESTMENTS COMPANY

Principal Place of Business: 5321 FAIREAST CT, 636 ASPEN STREET, ARLINGTON TX 76010 US
 Mailing Address: C/O DONNA MANDIS, 636 ASPEN ST, VANDENBERG AFB CA 93437-1351 US

DO NOT WRITE IN THIS SPACE
 3. Date incorporated or Qualified: 11/05/1991
 3a. Date of Last Report: 04/22/1994

2. Principal Place of Business: 21 5321 Faireast Ct
 Suite, Apt. #, etc.: 22
 City & State: 23 Arlington, TX
 Zip: 24 76018 Country: 25 US

4. FEI Number: 75-2400907 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 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
 MANDIS, DONNA M.
 1001 DUANE PALMER BLVD
 SEBRING FL 33870

10. Name and Address of New Registered Agent
 81 Name: S
 82 Street Address (P.O. Box Number is Not Acceptable):
 83
 84 City: VANDENBERG AFB CA
 85 Zip Code: FL

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: _____ DATE: _____
Signature (hand or printed name of registered agent and fee if applicable) NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	MANDIS, GEORGE D
STREET ADDRESS	636 ASPEN ST
CITY- ST- ZIP	VANDENBERG AFB CA
TITLE	V
NAME	MAGNANI, MICHAEL J.
STREET ADDRESS	3788 W SHIELDS #105
CITY- ST- ZIP	FRESNO CA
TITLE	V
NAME	MAGNANI, BERNADETTE
STREET ADDRESS	954 W. WAPELLO ST
CITY- ST- ZIP	ALTADENA CA
TITLE	P
NAME	MAGNANI, LEO, M.
STREET ADDRESS	954 W. WAPELLO ST
CITY- ST- ZIP	ALTADENA CA
TITLE	S
NAME	MAGNANI, PATTI STANZIANO
STREET ADDRESS	4343 W. PRINCETON AVE
CITY- ST- ZIP	FRESNO CA
TITLE	T
NAME	MANDIS, DONNA M.
STREET ADDRESS	636 ASPEN ST
CITY- ST- ZIP	VANDENBERG AFB CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP	VANDENBERG AFB CA	

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 110.07(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: Donna M. Mandis Donna M. Mandis, Treasurer 14 May 95 805-734-1509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type in Three 5)