

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000037009 (6)**

1. Corporation Name

VISTAVIEW DEVELOPMENT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% VISTAVIEW APTS
17094 COLLINS AVE #104
MIAMI BEACH FL 33160

% VISTAVIEW APTS
17094 COLLINS AVE #104
MIAMI BEACH FL 33160

3. Date Incorporated or Qualified **05/20/1993** 3a. Date of Last Report **03/17/1994**

4. FEI Number **59-1400393** 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 § 198.032, Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.
22		27	
City & State		City & State	
23	Zip	28	Country
24	Country	29	Zip
25		30	

9. Name and Address of Current Registered Agent

WILDSTEIN, LEON
17094 COLLINS AVE
APT 104
MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

Signature (typed or printed name of registered agent and title if applicable)

(P.O. Registered Agent Signature required after registration)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILASTEIN, LEON
STREET ADDRESS	3577 ATWATER AVE, #615
CITY-ST-ZIP	MONTREAL, QUEBEC CA H3H 2R2
TITLE	VD
NAME	TEICH, MANUEL
STREET ADDRESS	5950 CAVENAIGH PH4
CITY-ST-ZIP	COTE ST LUC, QUEBEC CA H4W225
TITLE	STD
NAME	LEGNIAK, STEPHEN
STREET ADDRESS	7 COLCHESTER RD
CITY-ST-ZIP	HAMSTEAD, QUEBEC CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS (12)

Change Addition

11 TITLE	
12 NAME	WILASTEIN, LEON
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	TEICH EMANUEL
23 STREET ADDRESS	5950 CAVENAIGH PH4
24 CITY-ST-ZIP	COTE ST LUC, QUEBEC, CANADA H4W225
31 TITLE	
32 NAME	LEGNIAK, STEPHEN
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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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 199.02(5)(b) 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 make the 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: *E. Teich* E. TEICH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19 1995 9451050