

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P93000037009 (6)**

1. Corporation Name

**VISTAVIEW DEVELOPMENT, INC.**



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

**03/23/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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 s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 the corporation, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE

NAME **WILDSTEIN, LEON**

STREET ADDRESS **3577 ATWATER AVE, #615**

CITY-ST-ZIP **MONTREAL, QUEBEC CA H3H 2R2**

TITLE VD  DELETE

NAME **TEICH, EMANUEL**

STREET ADDRESS **5950 CAVENDISH PH4**

CITY-ST-ZIP **COTE ST. LUC, QUEBEC CA H4W225**

TITLE STD  DELETE

NAME **LESNIAK, STEPHEN**

STREET ADDRESS **7 COLCHESTER RD**

CITY-ST-ZIP **HAMSTEAD, QUEBEC CA**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**E. TEICH**

Date

Daytime Phone #

*Feb. 2. 96*

**305-9451050**

CR2E034 (12/95)