

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jun 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P97000052122 (3)**  
 1. Corporation Name  
**OAK VIEW DEVELOPERS, INC.**



Principal Place of Business: **2151 LEJEUNE RD., STE. 200 CORAL GABLES FL 33134**  
 Mailing Address: **2151 LEJEUNE RD., STE. 200 CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	<b>5040 N.W. 7th St</b>	26	<b>5040 N.W. 7th St</b>	<b>06/12/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
<b>700</b>		<b>700</b>		<b>65-0774617</b>	
City & State		City & State		Applied For	
<b>MIAMI, FL</b>		<b>MIAMI, FL</b>		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
<b>33126</b>		<b>33126</b>		<b>\$8.75 Additional Fee Required</b>	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
<b>U.S.</b>		<b>U.S.</b>		<b>\$5.00 May Be Added to Fees</b>	
24		25		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		29			

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81	Name	<b>GUSTAVO BENGOCHEA JR.</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>5040 N.W. 7th St,</b>
83	Suite	<b>SUITE 700</b>
84	City	<b>MIAMI</b>
85	Zip Code	<b>FL 33126</b>

11. Pursuant to the provisions of Sections 607.0602 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]* **GUSTAVO BENGOCHEA JR.** **06/24/98.**

Signature type for periodic term of office, if applicable (None - Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>BENGOCHEA, GUSTAVO JR.</b>	
STREET ADDRESS	<b>2151 LEJEUNE RD., STE. 200</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>FERRI, EUGENE C III</b>	
STREET ADDRESS	<b>2151 LEJEUNE RD., STE. 200</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>PADRON, WILFREDO R</b>	
STREET ADDRESS	<b>2151 LEJEUNE RD., STE. 200</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>SOSA, JUAN D</b>	
STREET ADDRESS	<b>2151 LEJEUNE RD., STE. 200</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BENGOCHEA, GUSTAVO JR.</b>	
1.3 STREET ADDRESS	<b>5040 N.W. 7th St, Ste. 700</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33126</b>	
2.1 TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>FERRI, EUGENE.</b>	
2.3 STREET ADDRESS	<b>12243 S.W. 129 Ct</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33186.</b>	
3.1 TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>PADRON, WILFREDO R.</b>	
3.3 STREET ADDRESS	<b>12243 S.W. 129 Ct</b>	
3.4 CITY-ST-ZIP	<b>MIAMI, FL 33186</b>	
4.1 TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SOSA, JUAN D</b>	
4.3 STREET ADDRESS	<b>12243 S.W. 129 Ct</b>	
4.4 CITY-ST-ZIP	<b>MIAMI, FL 33186</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>000002574410</b>	
5.3 STREET ADDRESS	<b>-06/29/98 - 01022 - 038</b>	
5.4 CITY-ST-ZIP	<b>***550.00</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>000002574410</b>	
6.3 STREET ADDRESS	<b>-06/29/98 - 01022 - 039</b>	
6.4 CITY-ST-ZIP	<b>***8.75</b>	

14. I 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]* **GUSTAVO BENGOCHEA JR.** **6/24/98** **305-529-0200**

**PRESIDENT**

CF2E034 (10/97)