SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



221705

FLORIDA DEPARTMENT OF STATE

FILED

Jul 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(7)

WESTVIEW LAND CORPORATION

Principal Place of Business Mailing Address					# 109/40 ILB/9 ILB/01 /101/ 100/ 07/01 07		
% MR. SIDNEY LEFCOURT 2601 N.W. 119TH STREET MIAMI FL 33167 US		% MR. SIDNEY LEFCOURT 2601 N.W. 119TH STREET MIAMI FL 33167 US	MIAMI FL 33167		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report		
					03/23/1959	01/25/19	996
⊢ ¬ '	2. Principal Place of Business 2a. Mailing Addres				4. FEI Number		Applied For
Suite, Apt	# etc	Suite, Apt. #, etc.			59 -6 069031		Not Applicable
22 27		27			5. Certificate of Status Desired		75 Additional se Required
23		City & State	, , , , , , , , , , , , , , , , , , , ,		B. Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Zip	Country			<i>t</i>	8. This corporation owes or has pai		
24	24 25 29 30 9. Name and Address of Current Registered Agent				Personal Property Tax due June		No
					10. Name and Address of New Re	Jistered Agent	
	rkin, L. Jules, esq. Ierrel baisden & Meyer we	100		Name			
1111 LINCOLN RD, #500			82	Street Add	fress (P.O. Box Number is Not Acceptab	le)	
	AMI BEACH FL 33139		83				
*****	55.101112 00100			67			
			84	City		FL III	Zip Code
Office of	I to the provisions of Sections 607.05 registered agont, or both, in the Stat am familiar with, and accept the obto	te of Florida. Such change was at	Jinonzea Di	/ the corpora	poration submits this statement for the pation's board of directors. Thereby accep	urpose of changi t the appointmen	ing its registered nt as registered
SIGNATURE	·	gamento en economico nococi, mon	od Diamic.				
10	Signature, typed or printed name of registered a			orit signature requ	ired when reinstating)	DATE	
12.	PD OFFICERS AI	NO DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	····	
NAME	LEFCOURT, SIDNEY	L. DILLIL	1.1 DILE			[] Cha	inge 🔲 Addition
STREET ADDRESS	2601 NW 119TH ST.		1.3 STREET	ADDDECC			
CITY-ST-ZIP	MIAMI FL		1.4 C/TY-S				
TITLE	VDT			1-21		Cha	inge Addition
NAME	ALLAN, APARAF II		2.2 NAME				ngo
STREET ADDRESS	2601 NW 119TH ST.		2.3 STREE1	ADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - S				
TITLE	AB TOTAL		3.1 TITLE			☐ Chai	inge Addition
NAME	MILLER, IRVING E.		3.2 NAME				
STREET ADDRESS	2601 NW 119TH ST.		3.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4. CHTY- S	ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE	7		☐ Char	nge 🔲 Addition
NAME			4 2 NAME	1			
STREET ADDRESS			4.3 STREET	ADDRESS	•		İ
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 THLE			Char	nge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S	I - ZIP		T ALL	
NAME		☐ DELETE	6.1 TITLE			Char	nge 🔲 Addition
			6.2 NAME	ADDRESS			
STREET ADDRESS			6.3 STREET	i			
CITY-ST-ZIP	I		6.4 CITY - S	1-214 I			

14. I do 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 is gruplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation in 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 changes, or on an adachment with an address.