

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-13-2002 90225 006 ****61.25

**NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 718461
 1. Entity Name

Parkview House Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 1000 MICHIGAN AVE
 Suite, Apt. #, etc.

3. Mailing Address
 8299 CORAL WAY
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 MIAMI BEACH, FL
 Zip
 33139 Country
 USA

City & State
 MIAMI, FL
 Zip
 33155 Country

4. FEI Number
 59-233992 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
 -Fee Required

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent
 Name: PROPERTY MANAGEMENT SERVICES, INC.
 Street Address (P.O. Box Number is Not Acceptable)
 8299 CORAL WAY
 MIAMI FL 33155
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *[Signature]*
 Signature, typed or printed name of registered agent and date if applicable.

JULIO GONZALEZ - PORTUONDO

DATE: 7/29/02

(NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
 Initial or Amended UBR

9. Election Campaign Financing
 Trust Fund Contribution. \$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT / PD	Jorge La To PD	1000 Michigan Ave #509	M. Beach 33139
Vice. President / VD	HAROLD LAW	1000 MICHIGAN AVE - 4608	Mia. Beach 33139
Treasurer / TD	ANGEL CASTANEDA	1000 Michigan Ave #609	Miami Beach FL 33139
Secretary / SD	SANDY STEIN	1000 MICHIGAN AVE #309	MIAMI BEACH, FL 33139
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* - ANGEL CASTANEDA 2644250
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 7/29/02 Daytime Phone #

CR2E037B (12/01)