

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR 20 AM 10:16



1. Name of Limited Partnership

1a. DOCUMENT #
A30221

VISTA FLORIDA, LTD.

Mailing Address

9200 SOUTH DADELAND BLVD
SUITE 425
MIAMI FL 33156

Principal Office Address

9200 SOUTH DADELAND BLVD
SUITE 425
MIAMI FL 33156

3. Date Formed or Registered

06/20/1990

5a. Capital Contributions as
Shown on record

\$7,500.00

3a. Date of Last Report

01/07/1998

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

FL

6. FEI Number

65-0200965

☐ Applied For
☒ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

8890 SW 129 Terr.

Suite, Apt. #, etc.

mi

City & State

miami

Zip

33176

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

BIRENBAUM, DAVID
9200 SOUTH DADELAND BOULEVARD
SUITE 425
MIAMI FL 33156

10. If changed, now Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

8890 SW 129 Terr.

Suite, Apt. #, etc.

City

miami

FL

Zip Code

33176

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

VISTA FLORIDA, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

9200 S DADELAND BLVD

11b. City, State & Zip Code

MIAMI FL

11c. Registration/
Document Number

L81694

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4-22-99

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

4/1/99

Typed or Printed Name of General Partner Signing Form

DAVID BIRENBAUM

Daytime Telephone Number

305-234-8811

CR2E003 (12/98)