

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000004940 (3)

1. Corporation Name

VISTA VENTURE CAPITAL LTD., INCORPORATED

Principal Place of Business

8577 BOCA GLADES BLVD. W.  
SUITE E  
BOCA RATON FL 33434

Mailing Address

8577 BOCA GLADES BLVD. W.  
SUITE E  
BOCA RATON FL 33434



3. Date Incorporated or Qualified

11/02/1993

3a. Date of Last Report

12/26/1995

2. Principal Place of Business

2a. Mailing Address

21 same 26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number

23-2646241

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

RINALDI, DONALD P  
21045 COMMERCIAL TR.  
BOCA RATON FL 33486

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 state of residence

Signature, typed or printed name of registered agent and state of residence

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCP  
NAME RINALDI, DONALD P  
STREET ADDRESS 21045 COMMERCIAL TR.  
CITY-ST-ZIP BOCA RATON FL 33486 ☐ DELETE

TITLE DS  
NAME RINALDI, SUE K  
STREET ADDRESS 21045 COMMERCIAL TR.  
CITY-ST-ZIP BOCA RATON FL 33486 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

1.1 TITLE President ☒ Change ☐ Addition  
1.2 NAME Rinaldi, Donald P  
1.3 STREET ADDRESS 8577 Boca Glades Blvd W., Ste E  
1.4 CITY-ST-ZIP Boca Raton FL 33434

2.1 TITLE Vice President ☒ Change ☐ Addition  
2.2 NAME Rinaldi, Susan K.  
2.3 STREET ADDRESS 8577 Boca Glades Blvd W. Ste E  
2.4 CITY-ST-ZIP Boca Raton FL 33434

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/96

407-394-2512

Daytime Phone #

CR2E034 (12/95)