

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000001219 (2)

1. Corporation Name  
OCEAN VISTA HOLDINGS COMPANY

Principal Place of Business  
1500 SAN REMO AVE  
SUITE 205  
CORAL GABLES FL 33146

Mailing Address  
1500 SAN REMO AVE  
SUITE 205  
CORAL GABLES FL 33146-0054

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/08/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc. 22 Suite 237		26 Suite, Apt. #, etc. 27 Suite 237		4. FEI Number 65-0595592		Applied For Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip 33146-3047		29 Zip 33146-3047		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent HUGHEY, BONNIE J 1500 SAN REMO AVE SUITE 239 CORAL GABLES FL 33146				10. Name and Address of New Registered Agent			
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CAWSAND LIMITED <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAWSAND LIMITED	1.2 NAME	Cawsand Limited
STREET ADDRESS	ANSBACHER HOUSE, DOCTOR ROY'S DR	1.3 STREET ADDRESS	Ansbacher House, Dr. Roy's Drive
CITY-ST-ZIP	GRAND CAYMAN, CAYMAN ISLANDS	1.4 CITY-ST-ZIP	Grand Cayman, Cayman Islands
TITLE	D CROMER LIMITED <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROMER LIMITED	2.2 NAME	Cromer Limited
STREET ADDRESS	ANSBACHER HOUSE, DOCTOR ROY'S DR	2.3 STREET ADDRESS	Ansbacher House, Dr. Roy's Drive
CITY-ST-ZIP	GRAND CAYMAN, CAYMAN ISLANDS	2.4 CITY-ST-ZIP	Grand Cayman, Cayman Islands
TITLE	S PARKER LIMITED <input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER LIMITED	3.2 NAME	Parker Limited
STREET ADDRESS	ANSBACHER HOUSE, DOCTOR ROY'S DR	3.3 STREET ADDRESS	Ansbacher House, Dr. Roy's Drive
CITY-ST-ZIP	GRAND CAYMAN, CAYMAN ISLANDS	3.4 CITY-ST-ZIP	Grand Cayman, Cayman Islands
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 person or persons authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change agent or officer appointment with address.

SIGNATURE: \_\_\_\_\_ DATE: 3/5/97 (305) 666-0000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
David F. Young Power-of-Attorney

CR2E034 (9/96)