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 # J17071

(8)

RANCHVIEW, INC.

FILED Feb 11 1997 8:00am Secretary of State



<u> </u>	/ Paris and American	N. 1 A	·			<u> </u>	
Principal Plac		Mailing Address					
1% JOSEPH B. MERLIN % JOSEPH B. MERLIN 3550 BISCAYNE BLVD SUITE 401 3550 BISCAYNE BLVD SUITE			UITE 401				
MIAMI FL 33137-3854 MIAMI FL 33137-3854					Date Incorporated or Qualified 05/29/1986	3a. Date of Last Report 07/24/1996	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied I	For
21		26					licable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CO 75 A deliate	
22		27			5. Certificate of Status Desired	Fee Required	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May E	Be
23		28			Trust Fund Contribution	Added to Fee	
Zip	Country	Zip	<u> </u>	intry	a. This corporation has liability for in		032.
24	25	29	30			Yes No	
	g, Name and Address of Current	Registered Agent			10. Name and Address of New Reg	latered Agent	
	ROWITZ, HOWARD			81 Name			
	1 S.W. LEJEUNE RD.			82 Street Add	ress (P.O. Box Number is Not Acceptab	e)	
STE 401						•	
COI	RAL GABLES FL 33134			83			
				B4 City		85 Zip Code	
					poration submits this statement for the pition's board of directors. I hereby accep	FLII	
12.	Signature, typed or printed name of registered age: OFFICERS AND		TE: Registere	d Agent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 1	12
TITLE	PD	DELETE	1.1 T	ITLE			Addition
NAME	MERLIN, JOSEPH B.		1.2 N	AME			
STREET ADDRESS	3550 BISCAYNE BLVD #401		1.3 \$	TREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 0	ATY-ST-ZIP			
TITLE	STD	DELETE	2.1 T	ITLE		Change /	Addition
NAME	CIRAVOLO, RICK G.		2.2 N	AME			
STREET ADDRESS	3550 BISCAYNE BLVD #401		2.3 S	TREET ADDRESS	·		
CITY-ST-ZIP	MIAMI FL		2.41	CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 T	ITLE		☐ Change ☐ A	Addition
NAME			3.2 N	AME	'	•	
STREET ADDRESS			3.3 \$	TREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 T			Change /	Addition
NAME				NAME			
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP		T or eve		ITY-ST-ZIP			4 4 4 4 7 1
TITLE		☐ DELETE	5.17	4		Change	Addition
NAME			5.2 N	I			
STREET ADDRESS				TREET ADDRESS			
CITY - ST - ZIP		T Dr. F*c		ITY-ST-ZIP			1.2.40
TITLE		☐ DELETE	611			Change /	Addition
NAME			6.2 N				
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP			6.4 0	HTY-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 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 inchanged, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

7 305-573-3000 Daytime Phone *