Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FILED Apr 08, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS 04-08-1999 90083 044 ***250.00

DOCUMENT # J17071 1. Corporation Name

RANCHVIEW, INC.

Principal Place of Business % JOSEPH B. MERLIN 3550 BISCAYNE BLVD SUITE 401 MIAMI FL 33137-3854

2. Principal Place of Business

610

City & State

3550 Biscayne Blvd

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

% JOSEPH B. MERLIN 3550 BISCAYNE BLVD SUITE 401 MIAMI FL 33137-3854

3. Date Incorporated or Qualifed 05/29/1986

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

65-0138261

| 23 Miami, FL 33137 28 | | | | | Trust Fund Contribution | Added to | Fees | | |
|--|--|-------------|--------------|----------------|--|------------------------|------------|--|--|
| Zip | Country | Zip | Country | | 8. This corporation owes the current year | | _ | | |
| 24 | 25 Miami - Dade 29 | 30 | | | Personal Property Tax. | | No | | |
| Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | | |
| | | | 81 | Name R T | CK G. CIRAVOLO | | | | |
| HOROWITZ, HOWARD | | | 82 | Street 4 | Address (P.O. Box Number is Not Acceptable) | | | | |
| 2701 S.W. LEJEUNE RD. | | | اعدا | | 05 Nethia Avenue | * | | | |
| STE 401 | | | 83 | | | | | | |
| CORAL GABLES FL 33134 | | | | | | 85 Zip C | | | |
| | | | 84 | City | Miami | -L 85 Zip C | | | |
| 14 Discount to the provisions of Sections 607 0502 and 507 1508 Florida Statutes the above grand comprating 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 corporations bugget in directors. Thereby accept the appointment as registered | | | | | | | | | |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE RICK G. CIRAVOLO 3/29/99 | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent and title | | tered Apent | t signature re | aguired vigen relestating) DATE | <i>j 33</i> i | | | |
| 12. | OFFICERS AND DIRE | | 13. | J | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTOR | RS IN 12 | | |
| TITLE | | | 1.1 TITLE | | PD | Change | ☐ Addition | | |
| NAME | • - | | 1.2 NAME | ļ | MERLIN, JOSEPH B. | | | | |
| STREET ADDRESS | | | 1.3 STREET | | 3550 Biscayne Blvd., | Suite 61 | 0 | | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-ST | | Miami. FL 33137 | | - | | |
| TITLE | STD | | 2.1 TITLE | | STD | ☐ Change | Addition | | |
| NAME | CIRAVOLO, RICK G | | 2.2 NAME | | CIRAVOLO, RICK G. | | | | |
| STREET ADDRESS | 3550 BISCAYNE BLVD #401 | | 2.3 STREET | | 3550 Biscayne Blvd #6 | 10 | | | |
| | MIAMI FL | | 2. 4 CITY-ST | | Miami. FL 33137 | | Ì | | |
| CITY-ST-ZIP TITLE | IANAMAI I C | | 3.1 TITLE | . 4,37 | MTamit, LP 3373/ | Change | ☐ Addition | | |
| NAME . | The second of the second of | | 3.2 NAME | - | and the second second second | | | | |
| · · · · · · · · · · · · · · · · · · · | | 1 | 3.3 STREET | ADDRESS I | | | } | | |
| STREET ADDRESS | • | | 3.4. CITY-S | | | ,, | | | |
| CITY-ST-ZIP | | | 4.1 TITLE | - 21 | | ☐ Change | Addition | | |
| | | <u> </u> | 4. 2 NAME | | | | | | |
| NAME | • | | 4.3 STREET | ADORESS | | | | | |
| STREET ADDRESS | Francisco Company | | 4.3 STREET | | • | | | | |
| CITY-ST-ZiP | | ☐ DELETE | 5.1 TITLE | -217 | | ☐ Change | Addition | | |
| TITLE | | LL DECETE | 5.2 NAME | | | | - | | |
| NAME | * * | | 5.3 STREET | ADDRESS | , | | | | |
| STREET ADDRESS | | | 5.4 CITY-ST | | | | ſ | | |
| CITY-ST-ZIP | | | 6.1 TITLE | - 21 | | Change | Addition | | |
| TITLE | • | . C) DELETE | 6.2 NAME | | | g= | | | |
| NAME | • | Į | 6.3 STREET | ADDRESS | | | | | |
| STREET ADDRESS | • | | | | • . | | | | |
| CITY-ST-ZIP | • | | 6.4 CITY-ST | 1-ZIP | | | | | |

I 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 if changed, or on an artischment with an andress, with all other like empowered.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99 Date