

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 # K47717 (9)

1. Corporation Name

VISTA INTERNATIONAL HOTELS (FLORIDA), INC.

Principal Place of Business

901 PONCE DE LEON BLVD.
SUITE 802
CORAL GABLES FL 33134

Mailing Address

901 PONCE DE LEON BLVD.
SUITE 202
CORAL GABLES FL 33134-3073

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 7th Floor

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 7th Floor

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES INC.
801 NORTHEAST 187TH STREET
SUITE 900
NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified

11/29/1988

3a. Date of Last Report

04/25/1996

4. FEI Number

58-1845687

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

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME JARVIS, DAVID
STREET ADDRESS MAPLE CT. CENTRAL PARK, REEDS CRESCENT
CITY-ST-ZIP WATFORD HE

TITLE DS
NAME LIERMAN, PAUL
STREET ADDRESS 901 PONCE DE LEON BLVD #202
CITY-ST-ZIP CORAL GABLES FL

TITLE DT
NAME BARKAI, DAN
STREET ADDRESS ONE WALL ST CT
CITY-ST-ZIP NEW YORK NY

TITLE DVP
NAME DECKER, ROBERT
STREET ADDRESS ONE WALL ST CT
CITY-ST-ZIP NEW YORK, NY 10158

TITLE V
NAME LAWRENCE, MARTIN
STREET ADDRESS 140 E. WALTON PLACE
CITY-ST-ZIP CHICAGO IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Exe. Vice Pres.
1.2 NAME Howard Friedman
1.3 STREET ADDRESS 901 Ponce de Leon Blvd. 7th Floor
1.4 CITY-ST-ZIP Coral Gables, FL 33134

2.1 TITLE Treasurer
2.2 NAME Adrian Moloney
2.3 STREET ADDRESS 901 Ponce de Leon Blvd. 7th Floor
2.4 CITY-ST-ZIP Coral Gables, FL 33134

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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.

FILED
May 13 1997 8:00am
Secretary of State



CR2E034 (9/96)