


**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90007 005 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # N98000001112</b> 1. Corporation Name <b>FRIENDS OF AQUA VISTA, INC.</b>		

Principal Place of Business  
 8800 N BAYSHORE DRIVE  
 MIAMI FL 33138

Mailing Address  
 8800 N BAYSHORE DRIVE  
 MIAMI FL 33138

547491 - 90024 - 9

2. Principal Place of Business 21 <b>8800 N. Bayshore Dr</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>8800 N. Bayshore Dr</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>02/16/1998</b>
22 City & State <b>Miami FL</b>	27 City & State <b>Miami FL</b>	4. FEI Number <b>65-0857096</b> Applied For Not Applicable
23 Zip <b>33138</b>	28 Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	29	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>COOPERMAN, LEONARD</b> <b>1190 NE 89TH ST</b> <b>MIAMI FL 33138</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>President D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Carol Cord</b>	1.2 NAME	
STREET ADDRESS	<b>8800 N. Bayshore Dr</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Miami FL 33138</b>	1.4 CITY-ST-ZIP	
TITLE	<b>Vice President D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jesus Camps</b>	2.2 NAME	
STREET ADDRESS	<b>704 NE 88 ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Miami FL 33138</b>	2.4 CITY-ST-ZIP	
TITLE	<b>Secretary D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Leonard Cooperman</b>	3.2 NAME	
STREET ADDRESS	<b>1190 NE 89 ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Miami, FL 33138</b>	3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

**COOPERMAN, LEONARD** 4-27/99 305-754-1993