

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR 15 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/21/1993
4. FEI Number
65-0384175
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required
6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
7. Trust Fund Contribution ☐
8. This corporation owes the current year Intangible Personal Property Tax ☒ Yes ☐ No
10. Name and Address of New Registered Agent

DOCUMENT # P93000004729

1. Corporation Name
VALLE VISTA, INC.

Principal Place of Business
2665 SOUTH BAYSHORE DR.
SUITE 800
MIAMI FL 33133

Mailing Address
2665 SOUTH BAYSHORE DR.
SUITE 800
MIAMI FL 33133

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

KLEIN, PETER W
2665 S. BAYSHORE DR.
SUITE 800
MIAMI FL 33133

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 607.1506, 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 the applicable

(NOTE: Registered Agent signature required later, see page 2)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPCE	[] DELETE
NAME	POWELL, EARL W	
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 800	
CITY-ST-ZIP	MIAMI FL	
TITLE	DC	[] DELETE
NAME	GEORGE, PHILLIP T MD	
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	S	[] DELETE
NAME	KLEIN, PETER W	
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VTAS VP	[] DELETE
NAME	ANDERSON, BRYSON J	
STREET ADDRESS	2665 SOUTH BAYSHORE DR., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	AS	[] DELETE
NAME	KUFFER, MARILYN D.	
STREET ADDRESS	2665 S. BAYSHORE DRIVE, SUITE 800	
CITY-ST-ZIP	MIAMI FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Add/On
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[] Change [] Add/On
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Add/On
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Add/On
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Add/On
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Add/On
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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****150.00 ****150.00

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 607, 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:

[Handwritten signature]
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR
MARILYN D. KUFFER

Asst. Sec.

3/12/99

305-858-2200
Telephone #

CR2E034 (11/98)

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