FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 2:52

DOCUMENT # **P93000024159 (4)**

1. Corporation Name
LONGVIEWS CORPORATION

Principal Place of Business	Mailing Address
601 BRICKELL KEY DR SUITE 1080 MIAMI FL 33131	601 BRICKELL KEY DR SUITE 1080 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1993
3a. Date of Last Report: 06/01/1994
4. FEI Number: 65-0442467 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~BRUNI, MARK G~~
~~150 SE 2ND AVE~~
~~SUITE 1405~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: JOSE HAWILLA
82 Street Address (P.O. Box Number is Not Acceptable): 601 BRICKELL KEY DRIVE, SUITE 1080
83
84 City: MIAMI FL 85 Zip Code: 33131

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] (Registered Agent signature required when reinstating) DATE: 05.16.1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DPST~~	11 TITLE	DST	☑ Change ☐ Addition
NAME	~~HAWILLA, ELIANI M M~~	12 NAME	HAWILLA, ELIANI	
STREET ADDRESS	~~601 BRICKELL KEY DR / STE 1080~~	13 STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 1080	
CITY ST ZIP	~~MIAMI FL~~	14 CITY ST ZIP	MIAMI, FL	
TITLE		21 TITLE	DP	☐ Change ☑ Addition
NAME		22 NAME	HAWILLA, JOSE	
STREET ADDRESS		23 STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 1080	
CITY ST ZIP		24 CITY ST ZIP	MIAMI, FL	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 05.16.1995
(Date)
(Corporate Officer)

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