

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

FILED  
Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000024159 (4)

1. Corporation Name  
LONGVIEWS CORPORATION



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

Mailing Address  
601 BRICKELL KEY DR  
SUITE 1080  
MIAMI FL 33131-2648

3. Date Incorporated or Qualified  
03/31/1993

3a. Date of Last Report  
05/01/1996

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 State, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

JOSE HAWILLA  
601 BRICKELL KEY DRIVE  
SUITE 1080  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 the 4 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS                     | CITY-STATE-ZIP | DELETE                   |
|-------|---------------------|------------------------------------|----------------|--------------------------|
| DPST  | HAWILLA, ELIANI M M | 601 BRICKELL KEY DRIVE, SUITE 1080 | MIAMI FL       | <input type="checkbox"/> |
| DP    | HAWILLA, JOSE       | 601 BRICKELL KEY DRIVE, SUITE 1080 | MIAMI FL       | <input type="checkbox"/> |
|       |                     |                                    |                | <input type="checkbox"/> |
|       |                     |                                    |                | <input type="checkbox"/> |
|       |                     |                                    |                | <input type="checkbox"/> |
|       |                     |                                    |                | <input type="checkbox"/> |
|       |                     |                                    |                | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-STATE-ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|--------------------|--------------------------|--------------------------|
|           |          |                    |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                    | <input type="checkbox"/> | <input type="checkbox"/> |

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.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0171449

CR2E034 (9/96)