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 # P93000025380 (5)

BUENA VISTA COURT CORPORATION

P	rincipal Place of E	Business	Mailing Addre	SS		- L. D. O' BUT ANY STREET					
85 NE 40 STREET MIAMI FL 33197			95 NE 40 STREET MIAMI FL 33137-3509								
						 Date Incorporated or Qualifit 04/06/1993 		Date of La 2/16/198			
2, 21	Principal Place of Business		2a. Mailing Address 26				4. FEI Number 65-0408459			Applied For Not Applicable	
22	Suite, Apt. #, etc	c.		Suite, Apt. #, etc.			5. Certificate of Status Desired		•	75 Additional e Required	
23	City & State		City & State	9			Election Campaign Financin Trust Fund Contribution	, D		\$5.00 May Be Added to Fees	
24	Zip	Country 25	Ζφ 29	Country 30		,	This corporation has liability Florida Statutes	X Yes	□ No	er s. 199.032,	
g, Name and Address of Current Registered Agent							10. Name and Address of Nev	Registere	d Agent		
	KLEIN, A				81	Name					
Ť	35 NE 40 STREET MIAMI FL 33137				82	Street Add	fress (P.O. Box Number is Not Acce	ptable)	***		
					83						
					84	City		F	L 85	Zip Code	
1	 office or registe 	e provisions of Sections 607 ered agent, or both, in the S miliar with, and accept the c	State of Florida. Such chi	ande was authoriz	ed by	the corpora	poration submits this statement for t ation's board of directors. I hereby a	ne purpose scept the a	of changi ppointmen	ng its registered it as registered	

agent. I am tamiliar with, and accept the obligations of, Section 607.0505, Horida Statutes.											
SIGNATURE Signature, typed or printed name of registered agent and time if applicable (NO1E: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND DIRECTORS	I 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	D DELETE	1 1 1 1 TLE	Change Addition								
NAME	KLEIN, MAC	1.2 NAME									
STREET ADDRESS	35 40TH ST	13 STREET ADDRESS	·								
CITY-ST-ZIP	MIAMI FL 33137	1.4 C/TY - S1 - Z/P									
TITLE	D DELFTE	21 TITLE	. Change Addition								
NAME	KLEIN, MARY	2.2 NAME									
STREET ADDRESS	35 40TH ST	23 STREET ADDRESS	·								
CITY-ST-ZIP	MIAMI FL 33137	2 4 C/TY - ST - Z/P									
TITLE	☐ DELETE	31 THLE	Change Addition								
NAME		3.2 NAME									
STREET ADDRESS		3 3 STREET ADDRESS									
CITY-ST-ZIP		3 4. C(1 Y - S1 - Z(P									
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition								
NAME		4 2 NAM!									
STREET ADDRESS		4.3 STREET ADDRESS									
CITY-ST-ZIP		4.4 C/1 Y - S1 - Z/P									
TITLE	DELETE	51 TITLE	Change Addition								
NAME		5.2 NAME									
STREET ADDRESS		53 STREET ADDRESS									
CITY-ST-ZIP		5.4 C/TY - \$1 - Z/P									
TITLE	DELETE	6111118	☐ Change ☐ Addition								
NAME		6.2 NAME									
STREET ADDRESS		6 3 STREET ADDRESS									
		-									

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 supplicmental 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.

CR2E034 (9/96)

FILED

Apr 03 1997 8:00am

Secretary of State