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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000037009 (6)

1. Corporation Name

VISTAVIEW DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

% VISTAVIEW APTS  
17094 COLLINS AVE #104  
MIAMI BEACH FL 33160

% VISTAVIEW APTS  
17094 COLLINS AVE #104  
MIAMI BEACH FL 33160

3. Date Incorporated or Qualified

05/20/1993

3a. Date of Last Report

03/23/1995

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

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILDSTEIN, LEON  
17094 COLLINS AVE  
APT 104  
MIAMI BEACH FL 33160

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 607.1508, 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 then, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME WILDSTEIN, LEON

STREET ADDRESS 3577 ATWATER AVE, #615

CITY-ST-ZIP MONTREAL, QUEBEC CA H3H 2R2

TITLE VD ☐ DELETE

NAME TEICH, EMANUEL

STREET ADDRESS 5950 CAVENDISH PH4

CITY-ST-ZIP COTE ST LUC, QUEBEC CA H4W225

TITLE STD ☐ DELETE

NAME LESNIAK, STEPHEN

STREET ADDRESS 7 COLCHESTER RD

CITY-ST-ZIP HAMSTEAD, QUEBEC CA

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

E. TEICH

Feb 2. 96

305-9451050

CR2E034 (12/95)