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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P93000037009 (6)

VISTA	VIEW DEVELOPMENT, INC.						
Principal Place of Business Mailing Address						- A FROUDDU PER IDUDU PEUE BOREL DEPUE ADURE ARIUL ARIU	# {BBB  BB   BB    BB    40   100
% VISTAVIEW APTS % VISTAVIEW APTS							
17094 COLLINS AVE #104 17094 COLLINS AVE #104			,				
MIAMI BEACH FL 33160 MIAMI BEACH FL 33160						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 05/20/1993	
2- Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For
21 26					59-1400393	Not Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5- Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State City & State			***************************************			6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip			<b>—</b>	Country		8. This corporation owes or has paid the curr	
24	25		30				Yes No
	9. Name and Address of Curren	t Hegistered Agent		1 Name	<del></del>	10. Name and Address of New Registered	Agent
	LOSTEIN, LEON		0	Name			
17094 COLLINS AVE			8	2 Street	Addres	ss (P.O. Box Number is Not Acceptable)	
APT 104			8	3			
MIAMI BEACH FL 33160							
				4 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	<del></del>		_				
			Registered A	gent signature	periuper e	when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE			1.1 TITLE				Change Addition
NAME	Mar Coreni Leon			1.2 NAME			
STREET ADDRESS	4000 43011370 1100 HAAR			1.3 STREET ADDRESS			
CITY-ST-ZIP	MONTOCAL OUEDEO ON HOLLODA			1.4 CITY-ST-ZIP			
TITLE				21 TITLE			☐ Change ☐ Addition
NAME	TEICH, EMANUEL 2		2.2 NAM	<u> </u>			
STREET ADDRESS	5950 CAVENDISH PH4		2.3 STRE	2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY	2.4 CITY-ST-ZIP			
TITLE	• • •		3.1 TITLE				☐ Change ☐ Addition
NAME	Lesniak, Stephen		3.2 NAM				i
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY - ST - ZIP	<del></del>		3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE				Change Addition
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	et address			
CITY-ST-ZIP			4.4 CITY	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE				Change Addition
NAME			5.2 NAME				
STREET ADDRESS			5 S CTRE	T ADDRESS			1

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 a address.

5.4 CITY - ST - ZIP

**6.3 STREET ADDRESS** 

6.1 TITLE

6.2 NAME

DELETE

01011471105. /

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

2-11-00 118150151

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\*\*\*150.00

**FILED** 

Feb 25 1998 8:00am

Secretary of State