


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

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May 08, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000037009			
1. Corporation Name VISTAVIEW DEVELOPMENT, INC.			
Principal Place of Business % VISTAVIEW APTS 17094 COLLINS AVE #104 MIAMI BEACH FL 33160		Mailing Address % VISTAVIEW APTS 17094 COLLINS AVE #104 MIAMI BEACH FL 33160	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent WILDSTEIN, LEON 17094 COLLINS AVE APT 104 MIAMI BEACH FL 33160		10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WILDSTEIN, LEON	1.2 NAME	
STREET ADDRESS	3577 ATWATER AVE, #615	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC CA H3H 2R2	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	TEICH, EMANUEL	2.2 NAME	
STREET ADDRESS	5950 CAVENDISH PH4	2.3 STREET ADDRESS	
CITY-ST-ZIP	COTE ST LUC, QUEBEC CA H4W225	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	LESNIAK, STEPHEN	3.2 NAME	
STREET ADDRESS	7 COLCHESTER RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAMSTEAD, QUEBEC CA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 an address, with all other like empowered.

SIGNATURE: *by: [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 (307) 245-1050
Date Daytime Phone #

CR2E034 (11/98)

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