

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

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000065733 (6)

1. Corporation Name
VISTA DEL LAGO APARTMENTS, INC.

Principal Place of Business

Mailing Address

~~C/O MORRIS WATSKY~~
700 N.W. 107 AVENUE
MIAMI FL 33172

~~C/O MORRIS WATSKY~~
700 N.W. 107 AVENUE
MIAMI FL 33172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>760 NW 107 AVE</u> Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 <u>760 NW 107 AVE</u> Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified <u>09/17/1993</u> 4. FEI Number <u>65-0446019</u> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSKY, MORRIS J
700 N.W. 107 AVE.
MIAMI FL 33172

81 Name Rubin, Shelly VP Finance
 82 Street Address (P.O. Box Number is Not Acceptable)
760 NW 107 AVE
 83
 84 City Miami FL 85 Zip Code 33172

11. Pursuant to the provisions of Sections 607.0507 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 Shelly Rubin Shelly Rubin 3/30/98
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>DO</td> <td>DELETE</td> </tr> <tr> <td>NAME</td> <td>MILLER, LEONARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>700 N.W. 107 AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33172</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DP</td> <td>DELETE</td> </tr> <tr> <td>NAME</td> <td>MILLER, STUART A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>700 N.W. 107 AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33172</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td>DELETE</td> </tr> <tr> <td>NAME</td> <td>PEKOR, ALLAN J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>700 N.W. 107 AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33172</td> <td></td> </tr> <tr> <td>TITLE</td> <td>AS</td> <td>DELETE</td> </tr> <tr> <td>NAME</td> <td>SANTAELLA, GRACE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>700 N.W. 107 AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33172</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td>DELETE</td> </tr> <tr> <td>NAME</td> <td>COLE, ROBERT B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>700 NW 107TH AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td>DELETE</td> </tr> <tr> <td>NAME</td> <td>SALEDA, M E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>700 NW 107TH AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL</td> <td></td> </tr> </table>		TITLE	DO	DELETE	NAME	MILLER, LEONARD		STREET ADDRESS	700 N.W. 107 AVE.		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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.

SIGNATURE: J.T. McMickle J.T. McMickle 3/25/98 305/485-2000

CR2E034 (10/97)