05-05-1999 90166 026 \*\*\*150.00

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

**PROFIT** CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300069723

1. Corporation Name

VISTA BUSINESS CENTERS, INC.

				{	EIII (8	<b>*           </b>
Principal Place	e of Business	Mailing Address				
1321 SW 103RD AVE 1321 SW 103RD AVE						
PPEMBROKE PINES FL 33025 US  PEMBROKE PINES FL 33025 US				DO NOT WRITE IN THIS	CDACE	
				3. Date Incorporated or Qualifed	OF ACE	
				09/30/1993		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied	For
21		26		NOT APPLICABLE	Not App	plicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certifcate of Status Desired	\$8.75 Addition	1
City & State City & State 28 City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Added to Fee	
Zip	Country	Zip	Country	8. This corporation owes the current year Int	angible \	
24	25	29 30		Personal Property Tax.	∐ Yes 🔼 N	io
	9. Name and Address of Curre			10. Name and Address of New Registered		
			81 Name			
SER	RANO, JACQUELINE R		<u> </u>	and the second s		
1321 SW 103RD AVE			82 Stree	t Address (P.O. Box Number is Not Acceptable)		
PEM	BROKE PINES FL 33025		83			
,						
			84 City	FI	85 Zip Code	}
		1 507 4500 Electe State A	<u> </u>	d corporation submits this statement for the purpose of	changing its regis	stered
office or r	egistered agent or both in the State	e of Florida. Such change was autho	rized by the cor	poration's board of directors. I hereby accept the appoi	ntment as register	red
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florida	Statutes.			
SIGNATURE						
	Signature, typed or printed name of registered ag			e required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AT	ID DIRECTORS I	N 12
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AI		Addition
TITLE	PSD	(_) DELETE	1.1 TITLE			J / 100/110/1
NAME	SERRANO, JACQUELINE R	l.	1.2 NAME			į
STREET ADDRESS	1321 SW 103RD AVE.		1.3 STREET ADDRES	S		
CITY-ST-ZIP	PEMBROKE PINES FL	<u>.</u>	1.4 CITY-ST-ZIP		<del></del>	7 4 4 4 4 4 4 4 4 4
TITLE	VTD.	☐ DELETE	2.1 TITLE		☐ Change ☐	Addition
NAME	SERRANO, ENRIQUE		22 NAME			
STREET ADDRESS	1321 SW 103RD AVE.	1	2.3 STREET ADDRES	s)		
CITY-ST-ZIP	PEMBROKE PINES FL	<u>_</u>	2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	] Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRES	s		\
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
ļ	}	ţ	43 STREET ADDRES	s		ļ
STREET ADDRESS			4.4 CITY-ST-ZIP	<u>-</u>		
CITY-ST-ZIP			4.4 CITT-31-ZIP			
TITLE	1	[ I DFI FTF ■	51 TITLE		Change	Addition
NAME		☐ DELETE	5.1 TITLE 5.2 NAME		Change	Addition
Į.	ļ	( ) DELETE	5.2 NAME		Change	Addition
STREET ADDRESS		( DELETE	5.2 NAME 5.3 STREET ADDRES	s	L_J Change L	Addition
STREET ADDRESS		_	5.2 NAME	is		Addition

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 charged, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

= : :

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