

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED
Jun 17 1997 8:00am
Secretary of State

CORPORATION
 AND STATE OF
 1995

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

DOCUMENT # P94000022664 (4)
 1. Corporation Name
TERRA VISTA DEVELOPMENT CORP.

TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~4356 RICHWOOD CIRCLE~~ ~~ROCKLEDGE FL 32955~~
~~4356 RICHWOOD CIRCLE~~ ~~ROCKLEDGE FL 32955~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 **1384 HERITAGE ACRES BLVD** 26 **1384 HERITAGE ACRES BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 25 29 30

3. Date Incorporated or Qualified **03/23/1994** 3a. Date of Last Report
 4. FEI Number **59-3304214** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BAR-NAVON, BOAZ
~~4356 RICHWOOD CIRCLE~~
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
1305 GEM CIRCLE
 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 agent 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 *Boaz Bar-navon* *Boaz Bar-navon* DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	RAHAL, NICK N
STREET ADDRESS	4356 RICHWOOD CIRCLE
CITY-ST-ZIP	ROCKLEDGE FL 32955
TITLE	DVS
NAME	BAR-NAVON, BOAZ
STREET ADDRESS	4356 RICHWOOD CIRCLE
CITY-ST-ZIP	ROCKLEDGE FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1384 HERITAGE ACRES BLVD, SUITE A
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1384 HERITAGE ACRES BLVD, SUITE A
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	100002217561--5
3.4 CITY-ST-ZIP	-06/19/97--01108--012
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	****165.00 ****165.00
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **H-29-97 (4/07) 1633-0440**