


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

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000052147 (3)**

1. Corporation Name
VISTA ALEGRE RENTAL APARTMENTS, INC.

Principal Place of Business 11920 S.W. 129TH AVE. MIAMI FL 33186	Mailing Address 11920 S.W. 129TH AVE. MIAMI FL 33186-4564
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3. Date Incorporated or Qualified 07/14/1994	3a. Date of Last Report 03/04/1996
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2. Principal Place of Business 21 15569 N.W. 83 Court Suite, Apt. #, etc.	2a. Mailing Address 26 15569 N.W. 83 Court Suite, Apt. #, etc.	4. FEI Number 65-0514146	Applied For Not Applicable
22 City & State 23 Miami, Florida	27 City & State 28 Miami, Florida	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 33016-5834 25 DADE	29 33016-5834 30 DADE	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent GARCIA, DANIEL 11920 S.W. 129TH AVE. MIAMI FL 33186		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GARCIA, DANIEL 11920 S.W. 129TH AVE. MIAMI FL 33186		10. Name and Address of New Registered Agent	
81 Name ALEJO ESTEVANELL	82 Street Address (P.O. Box Number is Not Acceptable) 15569 N.W. 83 COURT	83	
84 City MIAMI	85 Zip Code FL 33016		

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: *[Signature]* **ALEJO ESTEVANELL PRESIDENT 1-8-97**
Signature of type of or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, DANIEL	1.2 NAME	
STREET ADDRESS	11920 S.W. 129TH AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33186	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTEVANELL, ALEJO	2.2 NAME	ALEJO ESTEVANELL
STREET ADDRESS	1707 WEST 68TH STREET	2.3 STREET ADDRESS	15569 N.W. 83 COURT
CITY - ST - ZIP	HIALEAH FL 33014	2.4 CITY - ST - ZIP	MIAMI, FLORIDA 33016
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: *[Signature]* **ALEJO ESTEVANELL PRESIDENT 1-8-97 305-828-0640**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)