

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000062934 (2)

1. Corporation Name

VISTA NAVIGATION, INC.



Principal Place of Business

Mailing Address

7160 SW 133ST
SUITE 300, ROCHESTER BLDG.
MIAMI FL 33156
US

7160 SW 133ST
SUITE 300, ROCHESTER BLDG.
MIAMI FL 33156
US

3. Date Incorporated or Qualified
08/22/1994

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 7160 S.W. 133ST

26 7160 S.W. 133 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
MIAMI FL

27 City & State
MIAMI FL

Zip

Country

24 33156

25 U.S.

29 33156

30 U.S.

4. FET Number

65-0538421

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

10. Name and Address of New Registered Agent

CALDERON, DIANA L
7160 SW 133ST
SUITE 300, ROCHESTER BLDG.
MIAMI FL 33156

81 Name CALDERON, DIANA L
82 Street Address (P.O. Box Number is Not Acceptable)
7160 S.W. 133 ST.
83
84 City MIAMI, FL 85 Zip Code 33156

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CALDERON, HECTOR ☐ DELETE
STREET ADDRESS 8390 NW 53RD ST., SUITE 300
CITY-ST-ZIP MIAMI FL

TITLE VD
NAME CALDERON, VINCE ☐ DELETE
STREET ADDRESS 8390 53RD STREET, #300
CITY-ST-ZIP MIAMI FL

TITLE SDTD
NAME CALDERON, DIANA L ☐ DELETE
STREET ADDRESS 8390 NW 53RD STREET, #300
CITY-ST-ZIP MIAMI FL

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D. ☒ Change ☐ Addition
1.2 NAME CALDERON, HECTOR
1.3 STREET ADDRESS 7160 SW 133 ST.
1.4 CITY-ST-ZIP MIAMI, FL 33156

2.1 TITLE VD. ☒ Change ☐ Addition
2.2 NAME CALDERON, VINCE
2.3 STREET ADDRESS 17824 N.W. 21 ST.
2.4 CITY-ST-ZIP PEMBROKE PINES, FL 33029

3.1 TITLE SDTD ☒ Change ☐ Addition
3.2 NAME CALDERON, DIANA L
3.3 STREET ADDRESS 7160 SW. 133 ST
3.4 CITY-ST-ZIP MIAMI, FL 33156

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VINCE CALDERON

Date

Daytime Phone #

4/20/96 305.597.1378

CR2E034 (12/95)