

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 # P94000079745 (3)

1. Corporation Name

VISTA DEVELOPMENT, INC.



Principal Place of Business

7250 S.W. 39 TERRACE  
SUITE 125  
MIAMI FL 33155  
US

Mailing Address

P.O. BOX 143410  
SUITE 125  
CORAL GABLES FL 33134  
US

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 143410

3. Date Incorporated or Qualified  
10/31/1994

3a. Date of Last Report  
09/11/1995

4. FEI Number  
65-0578130

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23

28

CORAL GABLES, FL

Zip

Country

Zip

Country

24

25

29

33134

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICHEAL CHRNTOPHER  
7250 S.W. 39 TERRACE  
MIAMI FL 33155

81 Name MICHAEL CHRISTOPHER

82 Street Address (P.O. Box Number is Not Acceptable)

9130 S.W. 78 COURT

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

*Michael C. Christopher*

(NOTE: Registered Agent signature required when reinstating)

DATE

April 18, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MICHAEL C. CHRISTOPHER  
STREET ADDRESS 7250 S.W. 39 TERRACE  
CITY-ST-ZIP MIAMI FL 33155

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE S ☒ DELETE

NAME ESTER CHRISTOPHER  
STREET ADDRESS 9130 S.W. 78 CT  
CITY-ST-ZIP MIAMI FL 33156

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

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:

*Michael C. Christopher*  
MICHAEL C. CHRISTOPHER  
President

April 18, 1996 (205) 264-9661

Date

Daytime Phone #

CR2E034 (12/95)