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

FILED
Aug 02 1996 8:00 am
Secretary of State

DOCUMENT # P95000020988

1. Corporation Name
Green Vista Apartments, Inc.

Principal Place of Business	Mailing Address
7700 N. Kendall Dr., Suite 200, Miami, FL 33156	490 Opa Locka Blvd. Suite 20, Opa Locka, FL 33054

2. Principal Place of Business	2a. Mailing Address
21 490 Opa Locka Blvd.	26 490 Opa Locka Blvd.
22 Suite, Apt #, etc: 20	27 Suite, Apt #, etc: 20
23 City & State: Opa Locka, FL	28 City & State: Opa Locka, FL
24 Zip: 33054 / 25 Country:	29 Zip: 33054 / 30 Country:

3. Date Incorporated or Qualified: 3/14/95
3a. Date of Last Report:
4. FEI Number: [X] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] **$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

Green, Elizabeth
7700 N. Kendall Drive, Suite 200
Miami, Florida 33156

10. Name and Address of New Registered Agent

81 Name: Lynn C. Washington
82 Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Avenue, Suite 3000
83
84 City: Miami FL 85 Zip Code: 33131

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] LYNN C. WASHINGTON
(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	DP	[X] DELETE
NAME	BROWN, GEORGE R. JR.	
STREET ADDRESS	7700 N. Kendall Dr. #200	
CITY-ST-ZIP	Miami, Florida 33156	
TITLE	DS	[X] DELETE
NAME	GREEN, ELIZABETH A.	
STREET ADDRESS	7700 N. Kendall Dr. #200	
CITY-ST-ZIP	Miami, Florida 33156	
TITLE	DV	[X] DELETE
NAME	HORTON, RICHARD M.	
STREET ADDRESS	7700 N. Kendall Dr. #200	
CITY-ST-ZIP	Miami, Florida 33156	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/D	[ ] Change [X] Addition
1.2 NAME	WILLIAMS-BALDWIN, STEPHANIE	
1.3 STREET ADDRESS	490 OPA LOCKA BLVD #20	
1.4 CITY-ST-ZIP	OPA LOCKA, FLORIDA 33054	
2.1 TITLE	Vice President/D	[ ] Change [X] Addition
2.2 NAME	LARRY THOMPSON	
2.3 STREET ADDRESS	3291 N.W. 132 TERRACE, #5	
2.4 CITY-ST-ZIP	OPA LOCKA, FLORIDA 33054	
3.1 TITLE	Secretary/Treasurer/D	[ ] Change [X] Addition
3.2 NAME	MILTON FELTON	
3.3 STREET ADDRESS	5190 N.W. 167 STREET. #202	
3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33014	
4.1 TITLE	D	[ ] Change [X] Addition
4.2 NAME	WILLIE LOGAN	
4.3 STREET ADDRESS	18870 N.W. 53 TERRACE	
4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33015	
5.1 TITLE	D	[ ] Change [X] Addition
5.2 NAME	NASHID SABIR	
5.3 STREET ADDRESS	18350 N.W. 2 AVENUE, 5th FLOOR	
5.4 CITY-ST-ZIP	MIAMI, FLORIDA 33169	
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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] STEPHANIE WILLIAMS-BALDWIN (305)687-3545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #