

SECOND-NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P95000020988 (8)**

1. Corporation Name

GREEN VISTA APARTMENTS, INC.

Principal Place of Business

**490 OPA LOCKA BLVD.
#20
OPA LOCKA FL 33054**

Mailing Address

**490 OPA LOCKA BLVD.
#20
OPA LOCKA FL 33054**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/14/1995	3a. Date of Last Report 08/02/1996
4. FEI Number APPLIED FOR 65-0565625	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

**WASHINGTON, LYNN C
701 BRICKELL AVENUE
SUITE 9000
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
STEPHANIE WILLIAMS-BALDWIN
82 Street Address (P.O. Box Number is Not Acceptable)
490 OPA-LOCKA BOULEVARD
83 SUITE 20
84 City
OPA-LOCKA FL 85 Zip Code
33054

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

Stephanie Williams-Baldwin

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

(NOTE: Registered Agent signature required when reinstating)

8/26/97
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WILLIAMS-BALDWIN, STEPHANIE	1.2 NAME	
STREET ADDRESS	490 OPA LOCKA BLVD., #20	1.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	THOMPSON, LARRY	2.2 NAME	
STREET ADDRESS	3291 N.W. 132 TERRACE, #5	2.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	FELTON, MILTON	3.2 NAME	
STREET ADDRESS	5190 N.W. 167 STREET, #202	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33014	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	LOGAN, WILLIE	4.2 NAME	
STREET ADDRESS	18870 N.W. 53 TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SABIR, NASHID	5.2 NAME	
STREET ADDRESS	18350 N.W. 2 AVENUE, 5TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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

Stephanie Williams-Baldwin

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

CR2E034 (4/97)