

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

FILED

**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 95000069215
 1. Corporation Name: **INTERVISTA INC.**

Principal Place of Business: **325 WINTERS ST. WEST PALM BEACH, FL. 33405**
 Mailing Address: **SAME**

2. Principal Place of Business	2a. Mailing Address
21. Subst. Act. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

3. Date incorporated or Qualified 9/05/1995	3a. Date of Last Report 4/00/1996
4. FEI Number 65-0604109	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
AUREO RUIZ DE VILLA
4409 FRANCES DR.
DELRAY BEACH, FL. 33445

10. Name and Address of New Registered Agent

B1 Name	LAURA L. GONZALEZ
B2 Street Address (P.O. Box Number is Not Acceptable)	325 WINTERS ST.
B3	WEST PALM BEACH
B4 City	FL
B5 Zip Code	33406

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 legally both, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Laura L. Gonzalez* **LAURA L. GONZALEZ** **4/25/97**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	AUREO RUIZ DE VILLA
STREET ADDRESS	4409 FRANCES DR
CITY-ST-ZIP	DELRAY BEACH, FL. 33445
DATE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DATE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DATE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DATE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DATE	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	PRESIDENT
13 STREET ADDRESS	JERONIMO JIMENEZ BERRAND
14 CITY-ST-ZIP	CALLE DEL CARMEN 22, ALCAUDETE, PROVINCIA DE JAEN, SPAIN
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	LAURA L. GONZALEZ
23 STREET ADDRESS	325 WINTERS ST
24 CITY-ST-ZIP	WEST PALM BEACH, FL. 33406
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	700002180197
43 STREET ADDRESS	-05/15/97--01085--038
44 CITY-ST-ZIP	***8.75
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	500002180195
63 STREET ADDRESS	-05/15/97--01085--037
64 CITY-ST-ZIP	***165.00

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: *Laura L. Gonzalez* **LAURA L. GONZALEZ** **4/25/97 (561) 659-2389**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)