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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000085116 (8)

NEW VISTA DEVELOPMENT CORP.

FILED Mar 26 1997 8:00am Secretary of State

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	e of Business	Mailing Address	AL DI UD					
2121 PONCE DE LEON BLVD. SUITE 650		SUITE 650	2121 PONCE DE LEON BLVD. SUITE 650					
CORAL GABLE	S FL 33134	CORAL GABLES FL 3	CORAL GABLES FL 33134-5222					
					 Date Incorporated or Quantum 11/06/1995 		Date of Last I 0/25/1996	Report
	Nace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21		26			65-0674743		N	lot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desir	red 🔲		Additional Required
City & Stat	e	City & State			6. Election Campaign Finan	cino		May Be
23		28			Trust Fund Contribution			to Fees
<u>Ζ</u> φ	Country	Zip	Cou	ntry	8. This corporation has liabi			s. 199.032,
24	25	29	30		Florida Statutes	Yes		
	g. Name and Address of	Current Registered Agent			10. Name and Address of N	lew Registere	d Agent	
	LFE, LEON J			81 Name				
	MAN WOLFE & RENNERT,			82 Street Add	fress (P.O. Box Number is Not Ac	ceptable)		
	SOUTHEAST SECOND ST	REET, 35TH FLOOR			***************************************			
MIA	MI FL 33131-2130			83				
				84 City			. 85 Zip	Code
					poration submits this statement fo ation's board of directors. I hereby	F		
		obligations of Section 607.050:	o, i io idia otat	Jioo.				
SIGNATURE	Significate Appeal or product manie of region	erect agent and to, if applicable	(NOTE: Registered	Agent signature requ	ulred when reinstating)	DATE		
SIGNATURI	the second of th	RS AND DIRECTORS	13.	Agent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO			
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information indicated on this arrotal report or supplymental angulal 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 of the receiver or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing it on an attachment with an address

SIGNATURE:

SIGNATURE AND VPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Esaytime Phone