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FILED

Jun 05 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 # P96000040057 (7)

1. Corporation Name  
HARBOR VIEW HOLDINGS INC.



Principal Place of Business  
801 PONCE DE LEON BLVD.  
SUITE 701  
CORAL GABLES FL 33134

Mailing Address  
801 PONCE DE LEON BLVD.  
SUITE 701  
CORAL GABLES FL 33134-3073

3. Date Incorporated or Qualified  
05/09/1996

3a. Date of Last Report

4. FEI Number  
☒ 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

2. Principal Place of Business

2a. Mailing Address

21 170 OCEAN LANE DRIVE

26 5805 SW 113 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 911

27

City & State

City & State

23 KEY BISCAYNE FL

28 MIAMI FL

Zip

Zip

24 33149

29 33156

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEGREGO, FRANK J  
801 PONCE DE LEON BLVD.  
SUITE 701  
CORAL GABLES FL 33134

81 Name LEO CORRADINI  
82 Street Address (P.O. Box Number is Not Acceptable)  
5805 SW 113 STREET  
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 of 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 of person in printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/29/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME ROMI Z. JULIETA  
STREET ADDRESS 170 OCEAN LANE DR. NO. 908-911  
CITY-ST-ZIP KEY BISCAYNE FL 33149

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
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

400002207104  
-06/10/97--01027--005  
\*\*\*550.00

CR2E034 (9/96)