

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0043595

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000057038**

99 OCT 25 PM 1:12

1. Corporation Name
WEST VIEW APARTMENTS, INC.



9-15-99 90008 013 550.00
 DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 2307 DOUGLAS ROAD #401 2307 DOUGLAS ROAD #401
 MIAMI FL 33145 MIAMI FL 33145

2. Principal Place of Business 2a. Mailing Address
 21) Suite, Apt. #, etc. 26) **4225 West 16 AVE.**
 22) City & State 27) Suite, Apt. #, etc.
 23) **HiALEAH, Florida**
 24) Zip 25) Country 28) **33012 USA.**
 29) 30)

3. Date Incorporated or Qualified
06/25/1998
 4. FEI Number Applied For
05-0848872 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 owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
JIMENEZ, MARIO R
2307 DOUGLAS ROAD #401
MIAMI FL 33145

10. Name and Address of New Registered Agent
 81 Name **SANTIAGO ALVAREZ**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **4225 WEST 16 AVE**
 84 City **HiALEAH FL** 85 Zip Code **33012**

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]* DATE: _____
Signature - Print or printed name of registered agent. Use title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	VSTD	<input checked="" type="checkbox"/> DELETE
NAME	JIMENEZ, MARIO R	
STREET ADDRESS	2307 DOUGLAS ROAD #401	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALVAREZ, SANTIAGO J	
STREET ADDRESS	3775 KUMQUAT AVENUE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SANTIAGO J. ALVAREZ, JR.	
13 STREET ADDRESS	4225 West 16 Avenue	
14 CITY-ST-ZIP	HiALEAH, FLORIDA 33012	
21 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	VIVIAN P. GARCIA	
23 STREET ADDRESS	4225 West 16 Avenue	
24 CITY-ST-ZIP	HiALEAH, FLORIDA 33012	
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		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
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		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I 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: *[Signature]* DATE: _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)