

**AMENDED ANNUAL REPORT**

FILED

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

99 NOV 30 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # P98000057038**

1. Corporation Name  
**West View Apartments, Inc.**

Principal Place of Business	Mailing Address
<b>4225 West 16 Avenue Hialeah, Fla. 33021 USA</b>	<b>4225 West 16 Avenue Hialeah, Fla. 33021 USA</b>

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>6/25/1998</b>	4. FEI Number <b>65-0848872</b>	Applied For Not Applicable
5. Suite, Apt. #, etc.	6. Suite, Apt. # etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
7. City & State	8. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
9. Zip	10. Country	7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent				
<b>Santiago Alvarez 4225 West 16 Avenue Hialeah, Florida 33012</b>	<table border="1"> <tr><td>01 Name</td></tr> <tr><td>02 Street Address (P.O. Box Number Not Acceptable)</td></tr> <tr><td>03</td></tr> <tr><td>04 City</td></tr> </table>	01 Name	02 Street Address (P.O. Box Number Not Acceptable)	03	04 City
01 Name					
02 Street Address (P.O. Box Number Not Acceptable)					
03					
04 City					

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent Signature Required when Submitting) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VSTD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Santiago J. Alvarez, Jr.</b>		1.2 NAME <b>Santiago J. Alvarez</b>	
STREET ADDRESS <b>4225 W. 16 Ave., Hialeah Fla.</b>		1.3 STREET ADDRESS <b>4225 W. 16 Avenue, Hialeah, Fla.</b>	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>VSTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Vivian P. Garcia</b>		2.2 NAME <b>Vivian P. Garcia</b>	
STREET ADDRESS <b>4225 West 16 Avenue</b>		2.3 STREET ADDRESS <b>4225 W. 16 Avenue, Hialeah, Fla.</b>	
CITY, ST, ZIP <b>Hialeah, Florida 33012</b>	<input type="checkbox"/> DELETE	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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 appointed to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like approvers.

SIGNATURE: \_\_\_\_\_ DATE: **11.26.99** **KE**



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ACCOUNT NO. : 072100000032

REFERENCE : 497335 4332563

AUTHORIZATION :

COST LIMIT : \$ 61.25

*Patricia Pigan*

ORDER DATE : November 30, 1999

ORDER TIME : 10:42 AM

ORDER NO. : 497335-005

CUSTOMER NO: 4332563

CUSTOMER: Mr. Stefan Pigan  
Mittrani Rynor Adamsky  
2200 Suntrust International  
One Southeast Third Avenue  
Miami, FL 33131

ANNUAL REPORT FILING

NAME: WEST VIEW APARTMENTS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS:

**KE**

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