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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P98000095234**

1. Corporation Name
VISTA VACATIONS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
6645 NW 48TH MANOR CORAL SPRINGS FL 33067	6645 NW 48TH MANOR CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 5653 NW 29th St.
Suite, Apt. #, etc.
22
City & State
23 Margate, FL
Zip 24 33063 Country 25 Broward

2a. Mailing Address
26 5653 NW 29th St.
Suite, Apt. #, etc.
27
City & State
28 Margate, FL
Zip 29 33063 Country 30 Broward

3. Date Incorporated or Qualified
11/12/1998

4. FEI Number
65-0877427
☐ 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 owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NADLER, TERI E
6645 NW 48TH MANOR
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name Teri Nadler
82 Street Address (P.O. Box Number is Not Acceptable) 6645 NW 48th Manor
83
84 City Coral Springs FL 85 Zip Code 33067

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 Teri Nadler Pres. Teri Nadler 4/21/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres. & CEO ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Teri NADLER	1.2 NAME	
STREET ADDRESS	6645 NW 48th Manor	1.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Springs, FL 33067	1.4 CITY-ST-ZIP	
TITLE	Vice President, General Counsel ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Scott Ucell	2.2 NAME	
STREET ADDRESS	155 N. Main St	2.3 STREET ADDRESS	
CITY-ST-ZIP	New City, N.Y. 10956	2.4 CITY-ST-ZIP	
TITLE	Corporate Secretary ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Alicia Torrealba	3.2 NAME	
STREET ADDRESS	1965 S. Ocean DR, Apt 2-J	3.3 STREET ADDRESS	
CITY-ST-ZIP	Hollywood, FL 33009	3.4 CITY-ST-ZIP	
TITLE	Corporate Treasurer ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	John Hickman	4.2 NAME	
STREET ADDRESS	3780 SW 19th St	4.3 STREET ADDRESS	
CITY-ST-ZIP	Ft Lauderdale, FL 33312	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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, with all other like empowered.

SIGNATURE: Teri Nadler Pres. 4/21/99 954-995-0898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Teri Nadler

CR2E034 (11/98)