

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

FILED

May 09 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 # S06868

(1)

1. Corporation Name

BUENA VISTA REALTY, INC.

Principal Place of Business

1042 LONE PALM ROAD
ORLANDO FL 32828
US

Mailing Address

1042 LONE PALM RD
ORLANDO FL 32828-7209
US

2. Principal Place of Business

21 14214 Thamhall Way
Suite, Apt. #, etc.

2a. Mailing Address

26 14214 Thamhall Way
Suite, Apt. #, etc.

22 City & State

23 ORLANDO, FL.

27 City & State

28 ORLANDO, FL.

24 Zip

25 32828

Country

26 USA

29 Zip

30 32828

Country

31 USA

9. Name and Address of Current Registered Agent

GARCIA, LOUIS A.
1042 LONE PALM RD
ORLANDO FL 32828

3. Date Incorporated or Qualified

09/25/1990

3a. Date of Last Report

08/02/1996

4. FEI Number

59-3146506

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

LOUIS GARCIA

82 Street Address (P.O. Box Number is Not Acceptable)

14214 Thamhall Way

83

84 City

ORLANDO

FL

85 Zip Code

32828

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: LOUIS GARCIA - PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARCIA, LOUIS A	
STREET ADDRESS	1042 LONE PALM ROAD	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARCIA, DORIS	
STREET ADDRESS	1042 LONE PALM ROAD	
CITY-ST-ZIP	ORLANDO FL 32828	
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		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LOUIS A. GARCIA
1.3 STREET ADDRESS	14214 Thamhall Way
1.4 CITY-ST-ZIP	ORLANDO, FL. 32828
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DORIS GARCIA
2.3 STREET ADDRESS	14214 Thamhall Way
2.4 CITY-ST-ZIP	ORLANDO, FL. 32828
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: LOUIS GARCIA - PRES. 4/27/97 407-382 9005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)