

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90021 045 ***150.00



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

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **F 9400000 5042**

1. Corporation Name

VIPER INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**APARTADO 6-4566
 EL DORADO PANAMA CITY
 REPUBLIC OF PANAMA**

**C/O ALEJANDRO A. CRESPO
 9260 SW 72ND ST
 #117
 MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/14/94

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

52-1885772

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRESPO, ALEJANDRO
 9260 SW 72ND ST #117
 MIAMI FLORIDA 33173**

81 Name

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

83

84 City

FL

85 Zip Code

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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

4/29/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | RUIZ JORGE L. | |
| STREET ADDRESS | APARTADO 6-4566 | |
| CITY-ST-ZIP | EL DORADO PANAMA | |
| TITLE | SO | <input type="checkbox"/> DELETE |
| NAME | FARACO GABRIEL | |
| STREET ADDRESS | APARTADO 6-4566 | |
| CITY-ST-ZIP | EL DORADO PANAMA | |
| TITLE | TA | <input type="checkbox"/> DELETE |
| NAME | ECHVERRI, VIRGINIA | |
| STREET ADDRESS | APARTADO 6-4566 | |
| CITY-ST-ZIP | EL DORADO PANAMA | |
| TITLE | VA | <input checked="" type="checkbox"/> DELETE |
| NAME | RAMIREZ GLORIA S. | |
| STREET ADDRESS | APARTADO 6-4566 | |
| CITY-ST-ZIP | EL DORADO PANAMA | |
| 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 | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Ocampo, Juan Carlos | |
| 1.3 STREET ADDRESS | APARTADO 6-4566 | |
| 1.4 CITY-ST-ZIP | EL DORADO PANAMA | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 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 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 or other person 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: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20 1999 305-2713094

Date

Daytime Phone #

CR2E034 (11/98)