FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

M 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J61328** **(7)**

1. Corporation Name
VIVRAM, INC.

Principal Place of Business	Mailing Address
14801 DUNBARTON PLACE **MIAMI FL 33016**	**14801 DUNBARTON PLACE** **MIAMI FL 33016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/06/1987	**04/25/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite Apt # etc. 22	Suite Apt # etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number **59-2804966** ☐ 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 of 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
FLORIDA REGISTERED AGENTS, INC. **100 S.E. SECOND STREET** **SUITE 3600** **MIAMI FL 33131**	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Section 607.1907, and/or 1908 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

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS IN '95	
01 TITLE NAME STREET ADDRESS CITY ST ZIP	**PD** **MOYA, ROBERTO A M.D.** **14801 DUNBARTON PLACE** **MIAMI FL**	01 TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
02 TITLE NAME STREET ADDRESS CITY ST ZIP		02 TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
03 TITLE NAME STREET ADDRESS CITY ST ZIP		03 TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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05 TITLE NAME STREET ADDRESS CITY ST ZIP		05 TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
06 TITLE NAME STREET ADDRESS CITY ST ZIP		06 TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000734A CP