2004 FOR PROFIT CORPORATION ___ANNUAL-REPORT (AR)=

Mailing Address

20930-5 JASINE

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

BOCA RATON FL 33428

DOCUMENT # P00000086148

Country

6. Name and Address of Current Registered Agent

1. Entity Name

AVIVA CORPORATION

Principal Place of Business

2. Principal Place of Business

STROMPF, AVIVA 20930-5 JASINE

BOCA RATON FL 33428

Suite. Apt. #, etc.

City & State

Zip

20930-5 JASINE **BOCA RATON FL 33428**



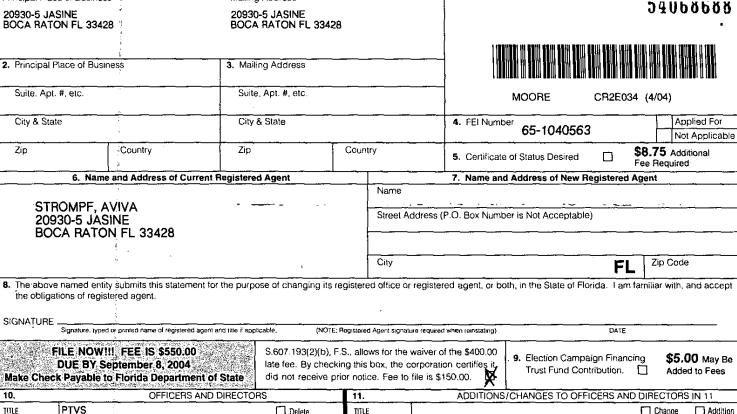
Country

Name

City

Aug 18, 2004 8:00 am Secretary of State

08-18-2004 90002 013 ***150.00



| the obligations of registered agent. | | | | | | | |
|--|--|---|--|-------------------------------|------------------------|-------------------------|------------|
| SIGNATURE . | Signature, typed or printed name of registered agent and title if appt | icable. (NOTE: R | egistered Agent signati. | re required when reinstating) | DATE | | |
| FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State | | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it, did not receive prior notice. Fee to file is \$150.00. | | | | 00 May Be ed to Fees | |
| 10, | OFFICERS AND DIRECTOR | RS | 11. | ADDITIONS | CHANGES TO OFFICERS AN | D DIRECTOR | S IN 11 |
| NAME | PTVS STROMPF, AVIVA 20930-5 JASINE BOCA RATON FL 33428 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | , | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | · | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | roma u jummaka uku Akusu, ayas uku uku ma Kasar a. | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | pertify that the information curvaling with this filing | Oelete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | Addition |

indicated on this report or supplierental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR