

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000056319 (4)**

1. Corporation Name

VIVA MIAMI DESTINATIONS, INC.



Principal Place of Business

17878 NORTH BAY ROAD, #205
MIAMI BEACH FL 33160

Mailing Address

17878 NORTH BAY ROAD, #205
MIAMI BEACH FL 33160

3. Date Incorporated or Qualified
07/28/1994

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

21 **2720 Collins AVE**

2a. Mailing Address

26 **SAME**

4. FEI Number
65-0511158

Applied For
Not Applicable

Suite, Apt. #, etc.

22
City & State
MIAMI BEACH FL.

Suite, Apt. #, etc.

27
City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip **33140** Country **U.S.A**

28 Zip Country

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

JADALAH, WESAL
17878 NORTH BAY ROAD, #205
MIAMI BEACH FL 33160

81 Name **SAADE AboZLAM**
82 Street Address (P.O. Box Number is Not Acceptable)
2720 Collins AVE
83
84 City **MIAMI BEACH FL** 85 Zip Code **33140**

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 **SAADE AboZLAM**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE **4-12-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JADALAH, WESAL	
STREET ADDRESS	17878 NORTH BAY ROAD, #205	
CITY - ST - ZIP	MIAMI BEACH FL 33160	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABOZLAM SAADE	
STREET ADDRESS	2720 Collins AVE	
CITY - ST - ZIP	MIAMI BEACH FL 33140	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D. ABOZLAM SAADE
1.3 STREET ADDRESS	2720 Collins AVE.
1.4 CITY - ST - ZIP	MIAMI BEACH FL 33140
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D. KIWAN DANIELLE
2.3 STREET ADDRESS	2720 Collins AVE
2.4 CITY - ST - ZIP	M. BEACH FL 33140
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SAADE AboZLAM.

DATE **4-12-96**

DAYTIME PHONE # **538-3219**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)