

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S81451** (4)

1. Corporation Name
VIKING VENTURES, INC.



Principal Place of Business: **2333 PONCE DE LEON BLVD #1104 CORAL GABLES FL 33134 US**
Mailing Address: **2333 PONCE DE LEON BLVD #1104 CORAL GABLES FL 33134 US**

3. Date Incorporated or Qualified: **09/19/1991**
3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business (21) Suite, Apt., etc. (22) **PH1100** City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt., etc. (27) **PH1100** City & State (28) Zip (29) Country (30)

4. FEI Number: **65-0289359** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Can-pair 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
**ST. LOUIS, ROLAND R., JR.
201 S BISCAYNE BLVD
1402 MIAMI CENTER
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name: **Andrew R. Weston**
82 Street Address (P.O. Box Number is Not Acceptable): **2333 Ponce de Leon PH1100**
83
84 City: **Coral Gables** FL 85 Zip Code: **33134**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Andrew R. Weston* *Richard West* *4/22/96*
Signature typed or printed name of registered agent and director, respectively. (20)(f) Registered Agent signature required when not using (20)(e)

12. OFFICERS AND DIRECTORS

TITLE	VTAS	<input type="checkbox"/> DELETE
NAME	WESTON, ANDREW R.	
STREET ADDRESS	2333 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	ATS	<input checked="" type="checkbox"/> DELETE
NAME	KLOTZ, MARY JO	
STREET ADDRESS	2333 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COBB, SUE M.	
STREET ADDRESS	2333 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WESTON, ANDREW R	
STREET ADDRESS	2333 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
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

11 TITLE	V/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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, 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: *Richard West* Treasurer **4/22/96** 305 441 1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digital Signature #

CR2E034 (12/95)