

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**
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

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

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. (Do not sign if Registered Agent's signature required when registering.) (Date)

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)