

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90054 038 ***150.00

DOCUMENT # 248362

1. Entity Name

VISCAYA CORPORATION

Principal Place of Business

Mailing Address

**316 ROYAL POINCIANA PLAZA
 PALM BEACH FL 33480**

**316 ROYAL POINCIANA PLAZA
 PALM BEACH FL 33480-4020**

80004012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0975729

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BYRD, WADE R
 340 ROYAL PALM WAY
 PALM BEACH FL 33480**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
 NAME FARINAS, HERMINIA
 STREET ADDRESS 314 ROYAL POINCIANA PL
 CITY-ST-ZIP PALM BEACH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ST Delete
 NAME DEL VALLE, IGNACIO G.
 STREET ADDRESS 200 SE FIRST ST
 CITY-ST-ZIP MIAMI FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V Delete
 NAME VILAR, ERNESTO A.
 STREET ADDRESS 314 ROYAL POINCIANA PL
 CITY-ST-ZIP PALM BEACH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME PEREZ-STABLE, A.
 STREET ADDRESS 316 ROYAL POINCIANA PL
 CITY-ST-ZIP PALM BCH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

L1199 (561) 4715100

CR2E034 (9/99)