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Mar 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 360039 (2)

1. Corporation Name:
VIANA INCORPORATED



Principal Place of Business: **4970 WEST 12TH AVE. HIALEAH FL 33012**

Mailing Address: **4970 WEST 12TH AVE. HIALEAH FL 33012-3115**

3. Date Incorporated or Qualified: **02/23/1970**

3a. Date of Last Report: **02/14/1996**

4. FEI Number: **59-1285179**

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

6. Election Campaign 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

21. Principal Place of Business: Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25. 26. Mailing Address: Suite, Apt. #, etc.

27. City & State

28. 29. 30. Zip Country

9. Name and Address of Current Registered Agent:
ESTRADA, MARTHA
4970 W. 12 AVE.
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name: **Eddie J. Cuesta**

82 Street Address (P.O. Box Number is Not Acceptable): **11201 NW 59 AVE**

83

84 City: **Hialeah** FL 85 Zip Code: **33012**

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: *Eddie J. Cuesta* **Eddie J. Cuesta** 2-17-97

(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

1. TITLE: **PD** DELETE

2. NAME: **CUESTA, JOLIA**

3. STREET ADDRESS: **5915 NW 110 ST**

4. CITY - ST - ZIP: **HIALEAH FL**

5. TITLE: DELETE

6. NAME: **CUESTA, JULIA**

7. STREET ADDRESS: **5915 NW 110 ST.**

8. CITY - ST - ZIP: **HIALEAH FL**

9. TITLE: DELETE

10. NAME:

11. STREET ADDRESS:

12. CITY - ST - ZIP:

13. TITLE: DELETE

14. NAME:

15. STREET ADDRESS:

16. CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **PD** Change Addition

1.2 NAME: **Estrada Martha**

1.3 STREET ADDRESS: **5915 NW 110 ST**

1.4 CITY - ST - ZIP: **Hialeah FL**

2.1 TITLE: Change Addition

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY - ST - ZIP:

3.1 TITLE: Change Addition

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY - ST - ZIP:

4.1 TITLE: Change Addition

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY - ST - ZIP:

5.1 TITLE: Change Addition

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY - ST - ZIP:

6.1 TITLE: Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 a 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: *Martha Estrada* **Martha Estrada** 2-17-97 305-821-4182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)