FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCU 1. Corporal

FILED Apr 01 1997 8:00am Secretary of State

OCUMENT # Corporation Name	682539	
VIAN'S CHEMICALS	CORP.	

Puncipal Place of Business Mailing Address 115 WEST 38TH STREET 115 WEST 38TH STREET HALEAH FL 33012 HIALEAH FL 330124403										
							3. Date incorporated or Qualified 09/11/1980		of Last Re /1996	port
	lace of Business		ailing Address				4. FEI Number 59-2023354		\$	plied For
Suite, Apt	#. etc	26 Su	ite, Apt. #, etc.						\$8.75 A	l Applicable
22		27					5. Certificate of Status Desired		Fee Re	
C ty & Stat	le .	Ci	ty & State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added t	
	Country	Zij)	Cou	ntry		8. This corporation has liability for in	ntangible ta Yes 🔲		199.032,
24	25 9. Name and Address of Curre	29 Int Register	nd Agent	30			10. Name and Address of New Reg		-	
109	ORIGUEZ, VICENTE				81	Name				
	WEST 38TH STREET			į	B2	Ptropt Addr	ess (P.O. Box Number is Not Acceptab			
	LEAH FL 33012			•	02	Street Abon	ess (P.O. Box Number is Not Acceptab	Θ)		
					83					
					84	City			85 Zip (Code
							oration submits this statement for the p	- FL		
SIGNATURE	Per alor hypestor providinal entire stelled a OFFICERS AF			TE Registered	d Age	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND D	PIRECTOR	\$ IN 12
71*LE	DP		☐ DEL€1E	1.1 TU	TLE			L	Change	Addition Addition
NAME	RODRIGUEZ, VICENTE 115 WEST 38TH STREET			1.2 N/						
STREET ALCOHESS	HIALEAH FL 33012					ADDRESS				
CBY-51-2IP Tale	TINCE THE OWNE		DELETE	1.4 CI 2.1 TI		1-21P	**************************************		Change	Addition
NAME				2.2 N/				_	_ c.m.gc	
STREET ADDRESS						ADDRESS				
CON-SI ZIP				2 4 0	<u> </u>	ST-ZIP				
THEE			DELETE	3.1 1	TLE				Change	Addition
NAME								L.	1 Change	
STREET ALARESS.				3.2 N/	AME			L.	_1 change	
SHIGH BOOM 15				3.3 \$1	TREET	ADDRESS		L.	1 Ollarige	
CHY-51-20			[] DELETE	3.3 S1 3.4. C	TREET	1	·			Addition
CHY-ST 20-			DELETE	3.3 SI 3.4. C 4.1 Ti	THEET THE	1			Change	Addition
CHY-ST ZIE THEF NAME			DELETE	3.3 SI 3.4. C 4.1 TI 4. 2 N	treet Hy-s Tle IAME	ST - ZIP				Addition
CHY 51 20 THE NAME SPREEL ADDRESS			DELETE	3.3 SI 3.4. C 4.1 TI 4. 2 N 4.3 SI	THEET HTY-S TLE IAME TREET	ST-ZIP ADDRESS				Addition
CHY-ST ZIF THEF NAME			DELETE DELETE	3.3 SI 3.4. C 4.1 TI 4. 2 N	THEET TLE AME TREET TY-S	ST-ZIP ADDRESS				Addition
CHY-ST-ZIF TABLE NAME SPREET ADDRESS CHY-ST-ZIF				3.3 S1 3.4. C 4.1 TI 4. 2 N 4.3 S1 4.4 CI	THEET HTY-S TLE AME TREET TY-S TLE	ST-ZIP ADDRESS] Change	
CHY-ST-20- DILF NAME STREELADDRESS CHY-ST-769 TOLE				3.3 SI 3.4, C 4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 N	THEET THE TAME TREET TY-S THE AME	ST-ZIP ADDRESS] Change	
CHY-ST-20- TALE NAME STREET ADDRESS CHY-ST-Z6P TRUE NAME			DELETE	3.3 SI 3.4. C 4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 N 5.3 SI 5.4 CI	THEET THE THE THE THE TREET TY-S THE TREET THE TREET TREET	ST-ZIP ADDRESS T-ZIP		Ī	Change	Addition
CHY-ST-ZB- TABLE NAME STREET ADDRESS CHY-ST-ZB- TABLE NAME STEET - ACOSESS				33 SI 34 C 41 TI 4 2 N 43 SI 44 CI 51 TI 52 N 53 SI 54 CI 61 TI	THEET ITY-S TLE AME TREET TLE AME TREET TLE TREET TTY-S TLE	ADDRESS T-ZIP ADDRESS ADDRESS		Ī] Change	
CHY-ST-ZB- TALE NAME STREET ADDRESS CHY-ST-ZB- TOLE NAME STREET - ACOSESS CHY-ST-ZB- TOLE NAME			DELETE	33 SI 34 C 41 TI 4 2 N 43 SI 44 CI 51 TI 52 N 53 SI 54 CI 61 TI 62 N	THEET THE THE THE THE THE THE TH	ADDRESS T-ZIP ADDRESS ADDRESS 11-ZIP		Ī	Change	Addition
CHY-ST-26- THE NAME STREET ADDRESS CHY-ST-26- THE NAME STREET - ACOSESS CHY-ST-26- THE			DELETE	33 SI 34 C 41 TI 4 2 N 43 SI 44 CI 5.1 TI 52 N 53 SI 54 CI 61 TI 62 N 63 SI	THEET THE THE THE THE THE THE TH	ADDRESS T-ZIP ADDRESS ADDRESS		Ī	Change	Addition

From land the annual report of supplied with this many does not qualify in the examination indicated on this 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 of an incident with an address.

SIGNATURE: