

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

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**Jan 30 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 # G56096 (2)

1. Corporation Name
VIAREGIO CORP.



Principal Place of Business: **C/O MENDEZ-INSUA & ASSOC. 8300 S.W. 8TH ST., #303 MIAMI FL 33144 US**
Mailing Address: **C/O MENDEZ-INSUA & ASSOC. 8300 S. W. 8TH ST., #303 MIAMI FL 33144-4132 US**

3. Date Incorporated or Qualified: **08/16/1983**
3a. Date of Last Report: **04/09/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 MENDEZ-INSUA & CO. PA	26 C/O MENDEZ-INSUA & CO PA	59-2626756	Not Applicable
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	29 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25 Country	30 Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NIETO S., BENIGNO 2276 S.W. 4 ST MIAMI FL 33135		81 Name	Nieto S., Benigno
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	315 N.W. 57 Court.
		84 City	Miami, Fla. FL 85 Zip Code 33126

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ERNESTO	1.2 NAME	
STREET ADDRESS	2140 W. FLAGLER ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIETO, BENIGNO S.	2.2 NAME	
STREET ADDRESS	2276 S.W. 4 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	300002074353
STREET ADDRESS		6.3 STREET ADDRESS	-01/31/97--01007--003
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

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 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: *Ernesto Gonzalez* **Ernesto Gonzalez** **1-29-97** (305) 262-2351
Date: _____ Daytime Phone: _____

CR2E034 (9/96)