

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

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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90193 031 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **G56096**

1. Corporation Name  
**VIAREGIO CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 C/O MENDEZ-INSUA & CO PA  
 8300 S.W. 8TH ST.. #303  
 MIAMI FL 33144  
 US

Mailing Address  
 C/O MENDEZ-INSUA & CO PA  
 8300 S. W. 8TH ST.. #303  
 MIAMI FL 33144  
 US

3. Date Incorporated or Qualified  
**08/16/1983**

2. Principal Place of Business  
 21 2140 W. Flagler St  
 Suite, Apt. #, etc.  
 22 109  
 City & State  
 23 Miami Florida  
 Zip Country  
 24 33135 25 U.S.A.

2a. Mailing Address  
 26 2140 W. Flagler St  
 Suite, Apt. #, etc.  
 27 109  
 City & State  
 28 Miami Florida  
 Zip Country  
 29 33135 30 U.S.A.

4. FEI Number  
**59-2626756**

Applied For  
 Not Applicable

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NIETO S., BENIGNO**  
 315 N.W. 57 COURT  
 MIAMI FL 33126

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**11867 SW 93rd Terr**  
 83  
 84 City **Miami** FL 85 Zip Code **33186**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
TPD	GONZALEZ, ERNESTO	2140 W. FLAGLER ST.	MIAMI FL	<input checked="" type="checkbox"/>
VSD	NIETO, BENIGNO S.	2276 S.W. 4 ST	MIAMI FL	<input type="checkbox"/>
VSD	GONZALEZ, EDITH T	2140 W Flagler St #109	Miami FL 33135	<input type="checkbox"/>
V	NIETO CARIDAD N DE	11867 SW 93rd Terr	Miami FL 33186	<input type="checkbox"/>
V	GONZALEZ, RALPH	2140 W Flagler St #109	Miami FL 33135	<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
TPD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
11867 SW 93rd Terr			Miami FL 33186	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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 with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
 Benigno S. Nieto

2-8-99 305-262-2351  
 Date Daytime Phone #

CR2E034 (1/198)