


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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G92635** (3)
1. Corporation Name
VIVA REALTY, INC.

Principal Place of Business 901 N.E. 125 ST. #101 NORTH MIAMI, FL 33161 US	Mailing Address 901 N.E. 125 ST. #101 NORTH MIAMI, FL 33161 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/22/1984	
4. FEI Number 59-2388903		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8.75 Additional Fee Required 5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**PARR, CLARENCE W.
1385 N.E. 132ND STREET
NORTH MIAMI BEACH FL 33161**

10. Name and Address of New Registered Agent

81 Name	JOSEPH PATERNOSTRO
82 Street Address (P.O. Box Number is Not Acceptable)	11541 N.E. 7th Ave.
83	
84 City	BISCAYNE PARK
85 Zip Code	FL 33161

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	PRESIDENT
NAME	PETERSEN, JAMES A.	1.2 NAME	JOSEPH PATERNOSTRO
STREET ADDRESS	1175 N.E. 131 ST.	1.3 STREET ADDRESS	11541 N.E. 7th Ave.
CITY - ST - ZIP	N. MIAMI FL	1.4 CITY - ST - ZIP	BISCAYNE PARK, FL. 33161
TITLE	S	2.1 TITLE	
NAME	PETERSEN, CAROL A.	2.2 NAME	
STREET ADDRESS	1175 N.E. 131 ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 recorder 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 in an attachment with an address.

SIGNATURE:

[Signature]

4/9/98 1-305-895-7385

CR2E034 (10/97)