| FILE | NOW: | FILING | FEE | AFTER | MAY | 1 | IS | \$225.00 |) |
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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

(5)

VISCAYA INVESTORS, INC.

Principal Place of Business % DANIEL J. BRAMS, ESQ. 1645 PALM REACH LAKES REVID 1050

Mailing Address

% DANIEL J. BRAMS. ESQ.



| W PALM BEACH FL 33401 2. Principal Place of Business | | W PALM BEACH FL 33401 | | | | |
|---|---|---|---------------------------|----------------------------------|---|--|
| | | | | | 3. Date Incorporated or Qualified 10/16/1987 | 3a. Date of Last Report 03/01/1995 |
| 21 100 C | entury Boulevard | 2a. Mailing Address 26 100 Century | Boule | evard | 4. FEI Number 65-0007745 | Applied For Not Applicab |
| Suite, Apt. # | · | Suite. Apt. #, etc | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | Palm Beach, FL | City & State West Palm | Beach, | FL | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Ζφ 33 4 | 25 Country Palm Beach | | Country 30 Pal | m Beach | 8. This corporation has liability for in Florida Statutes Statutes Yes | ntangible tax under s. 199.032, |
| | 9. Name and Address of Currer | it Registered Agent | | T: | 10. Name and Address of New Re | gistered Agent |
| PDAMO | DANE: 1 500 | | 81 | Name | | |
| BRAMS, | DANIEL J. ESQ. | | 82 | Street Addre | ss (P.O. Box Number is Not Acceptable | 9) |
| | LM BEACH LAKES BLVD. | | | | | |
| #1050 | BEACH EL COACA | | 83 | | | |
| N PALM | BEACH FL 33401 | | 84 | City | | B5 Zip Code |
| 11. Pursuant to or registere familiar with | o the provisions of Sections 607.0502 ed agent, or both, in the State of Flore n, and accept the obligations of, Sect | and 607.1508, Florida Statutes, da. Such change was authorized ion 607.0505, Florida Statutes | the above- by the corp | named corpora oration's board | ition submits this statement for the purp if of directors. I hereby accept the appoi | lose of changing its registered officintment as registered agent. I am |
| SIGNATURE _ | Signature typed or ported name of registered agert | and the *application (NOTE) | Fingishead Age | 1 signature regioned | When reinstating | DATE |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | |
| THTLE | PS | ☐ DELETE | 1. 1 TITLE | | | ☐ Change ☐ Addition |
| NAME | BRAMS, DANIEL J. | | 1.2 NAME | ì | | |
| STREET ADDRESS | 2527 EMBASSY DR | | 1.3 STHEET | ADDRESS | | |
| CITY-ST-ZIP | W PALM BEACH FL | | 1.4 CITY - S | 1 - 70P | | |
| TITLE | D | ☐ DELETE | 2 1 TUTLE | | | Change Addition |
| NAME | BRAMS, DANIEL J. | | 2.2 NAME | | | |
| STREET ADDRESS | 2527 EMBASSY DR | | 23 STREET | ADDRESS | | |
| CHY - ST - ZIP | W PALM BEACH FL | | 24 CITY - S | T - 7IP | | |
| TITLE | | DELETE | 3 1 TITLE | | | ☐ Change ☐ Addition |
| NAME | HICKS, JAMES H. 1645 PALM BEACH LAKES | | 3.2 NAME | | | |
| STREET ADDRESS | W PALM BEACH FL | | 3.3 STREET | ADDRESS | | |
| CITY-ST-ZIP TITLE | VPD VPD | - Control | 3 4 CHY - S | I · Sit. | | |
| NAME | LEVY. MARK F | ☐ DELETE | 4 1 THILE | | | ☐ Change ☐ Addition |
| STREET ADDRESS | 100 CENTURY BLVD. | | 4.2 NAME | | | |
| CITY - ST - ZIP | WEST PALM BEACH FL | | 43 STREET | | | |
| TITLE | | □ DELETE | 44 CHTY S 5 1 THILE | I Zib | | |
| NAME | | becare | | | | Change Addition |
| STREET ADDRESS | | | 5.2 NAME | ADDOLGO | | |
| CITY-ST-ZIP | | | 5.3 STREET | | | |
| THILE | | ☐ DELETE | 5 4 CITY-S 6 1 TITLE | 1 · ZIF | | Change D Address |
| NAME | | | 6 2 NAME | į | | Change Addition |
| STREET ADDRESS | | | 63 STREET | ADDRESS | | |
| CHY-ST-ZIP | | | 64 CHTY-S | | | |
| | certify that the information supplied v | th this fling is voluntarily furnishe | d and does | not qualify for | the exemption stated in Section 119.0 | 7/3/k) Florida Statutes Lifuethou |

ceruly 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: