

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

FILED

Apr 24 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 # J97979 (5)

1. Corporation Name
VISCAYA INVESTORS, INC.

Principal Place of Business
100 CENTURY BLVD
1645 PALM BEACH LAKES BLVD 1050
W PALM BEACH FL 33417
US

Mailing Address
100 CENTURY BLVD
1645 PALM BEACH LAKES BLVD 1050
W PALM BEACH FL 33417-2262
US



3. Date Incorporated or Qualified 10/16/1987
3a. Date of Last Report 04/24/1996

2. Principal Place of Business
21 100 Century Blvd.
Suite, Apt. #, etc.
22
City & State
23 West Palm Beach, FL
Zip 33417 Country
24
25
2a. Mailing Address
26 100 Century Blvd.
Suite, Apt. #, etc.
27
City & State
28 West Palm Beach, FL
Zip 33417 Country
29
30

4. FEI Number 65-0007745
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRAMS, DANIEL J. ESQ.
1645 PALM BEACH LAKES BLVD.
#1050
W PALM BEACH FL 33401

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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	PS	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BRAMS, DANIEL J.			1.2 NAME			
STREET ADDRESS	2527 EMBASSY DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BEACH FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BRAMS, DANIEL J.			2.2 NAME			
STREET ADDRESS	2527 EMBASSY DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BEACH FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HICKS, JAMES H.			3.2 NAME			
STREET ADDRESS	1645 PALM BEACH LAKES			3.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BEACH FL			3.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LEVY, MARK F			4.2 NAME			
STREET ADDRESS	100 CENTURY BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL			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			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: _____ April 8, 1997 (561) 640-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)