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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K42081** (5)

1. Corporation Name
VIKING COMMODITIES, INC.

Principal Place of Business: **7220 SW 107 TERRACE MIAMI FL 33156**
Mailing Address: **7220 SW 107 TERRACE MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/27/1988**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0080639**
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

2. Principal Place of Business: **2025 Birchell Ave**
2a. Mailing Address: **2025 Birchell Ave**
22. Site, Apt. #, etc.: **# 2103**
27. Suite, Apt. #, etc.: **# 2103**
23. City & State: **Miami FL**
28. City & State: **Miami FL**
24. Zip: **33129**
25. Country: **FL**
29. Zip: **33129**
30. Country: **FL**

9. Name and Address of Current Registered Agent: **SHAKED, RUTH 12325 S.W. 102ND CT. MIAMI FL 33176**
10. Name and Address of New Registered Agent: **2025 Birchell Ave # 2103 Miami FL 33129**

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 registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: HARPAZ, AVIHAI	1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 12325 S.W. 102ND CT.	CITY, ST, ZIP: MIAMI FL	2. NAME:	
TITLE: D	NAME: SHAKED, RUTH	3. STREET ADDRESS:	
STREET ADDRESS: 12325 S.W. 102ND CT.	CITY, ST, ZIP: MIAMI FL	4. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: ARAD, AMOS	5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 12325 S.W. 102ND CT.	CITY, ST, ZIP: MIAMI FL	6. NAME:	
TITLE:	NAME:	7. STREET ADDRESS:	
STREET ADDRESS:	CITY, ST, ZIP:	8. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	9. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY, ST, ZIP:	10. NAME:	
TITLE:	NAME:	11. STREET ADDRESS:	
STREET ADDRESS:	CITY, ST, ZIP:	12. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	13. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY, ST, ZIP:	14. NAME:	
TITLE:	NAME:	15. STREET ADDRESS:	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: **RUTH SHAKED** (Signature: Ruth Shaked) **4/25/95** (Date) **(309) 358-7062** (Telephone Number)