

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 29 PM 6:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P30739

(7)

1. Corporation Name

VIA NORTH AMERICA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 468

INDIANTOWN FL 34956

P.O. BOX 468

INDIANTOWN FL 34956

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1990

3a. Date of Last Report

03/02/1994

2. Principal Place of Business

2a. Mailing Address

21 15950 SW Kanner Hwy

26 15950 SW Kanner Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Indiantown, FL

27 City & State
28 Indiantown, FL

24 Zip
25 34956

29 Zip
30 34956

4. FEI Number

58-1811383

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. 190.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, ANDREW R.
15950 KANNER HIGHWAY S.W.
INDIANTOWN FL 34956

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

Signature of Registered Agent (Print Name of Registered Agent and Title if Applicable)

Signature of Registered Agent (Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PDC
FOURNIER, MARC
10 RUE VOLNEY
PARIS, FRANCE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
D'ARAQUY, JEAN-PIERRE
10 RUE VOLNEY
PARIS FR

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
JEORGER, LEOPOLD
10 RUE VOLNEY
PARIS FR

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TD
FOURNIER, FREDERIC
10 RUE VOLNEY
PARIS, FRANCE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
GALLOT, MICHAEL
10 RUE VOLNEY
PARIS, FRANCE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
DEBOYSSON, MAX
10 RUE VOLNEY
PARIS, FRANCE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP
☐ Change ☐ Addition

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 110.07(2)(b), Florida Statutes. I further certify that the information indicated on the 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 owner 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew R. Taylor 4/4/95 407-597-2006