

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


FILED

Feb 02, 1999 8:00am  
Secretary of State

02-02-1999 90031 045 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P30739</b> 1. Corporation Name <b>VIA NORTH AMERICA, INC.</b>					
Principal Place of Business <b>15950 S.W. KANNER HIGHWAY INDIANTOWN FL 34956</b>			Mailing Address <b>15950 S.W. KANNER HIGHWAY INDIANTOWN FL 34956</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/29/1990</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>58-1811383</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24		29		30	
9. Name and Address of Current Registered Agent <b>TAYLOR, ANDREW R. 15950 KANNER HIGHWAY S.W. INDIANTOWN FL 34956</b>			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code <b>FL</b>					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>CP LAUNOIS, ANDRE</b>			1.2 NAME		
STREET ADDRESS <b>8 RUE VOLNEY</b>			1.3 STREET ADDRESS		
CITY-ST-ZIP <b>PARIS, FRANCE 75002</b>			1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>DS HAMON, MICHEL</b>			2.2 NAME		
STREET ADDRESS <b>15950 SW KANNER HIGHWAY</b>			2.3 STREET ADDRESS		
CITY-ST-ZIP <b>INDIANTOWN FL</b>			2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>T TAYLOR, ANDREW R</b>			3.2 NAME		
STREET ADDRESS <b>15950 SW KANNER HIGHWAY</b>			3.3 STREET ADDRESS		
CITY-ST-ZIP <b>INDIANTOWN FL</b>			3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

Date

Daytime Phone #

561-557-2121