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Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P94000028374 (4)

1. Corporation Name  
LA DOLCE VIVA, II, INC.

Principal Place of Business  
11419 F WEST PALMETTO PARK RD  
BOCA RATON FL 33428  
↑ wrong  
NEW ADDRESS

Mailing Address  
4440 F WEST PALMETTO PARK RD  
BOCA RATON FL 33428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 1803 Federal Hwy  
Suite, Apt. #, etc.  
22  
City & State  
23 Boca Raton FL  
Zip  
24 33432  
Country  
25 Palm Beach  
26 4230 NE 23 Ave  
Suite, Apt. #, etc.  
27  
City & State  
28 Lighthouse Pt FL  
Zip  
29 33064  
Country  
30 Broward

3. Date Incorporated or Qualified  
04/13/1994

4. FEI Number  
65-0489412  
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
SAL VIVA  
11419 F W PALMETTO PK RD  
BOCA RATON FL 33428  
4230 NE 23 AVE  
Lighthouse Pt, FL 33064

10. Name and Address of New Registered Agent  
81 Name SAL VIVA  
82 Street Address (P.O. Box Number is Not Acceptable)  
4230 NE 23 AVE  
83 Lighthouse Pt.  
84 City  
FL 85 Zip Code 33064

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: *S. V. Vivas* Address change only  
(NOTE: Registered Agent signature required when reinstating)  
DATE: 3/10/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	VIVA, JOHN	2401 N.E. 48TH COURT	LIGHTHOUSE POINT FL 33064	<input type="checkbox"/>
DS	VIVA, LINDA	2401 N.E. 48TH COURT	LIGHTHOUSE POINT FL 33064	<input checked="" type="checkbox"/>
DV	VIVA, SAL G	4230 N.E. 23RD AVE	LIGHTHOUSE POINT FL 33064	<input type="checkbox"/>
DT	VIVA, ALISON S	4230 N.E. 23RD AVE	LIGHTHOUSE POINT FL 33064	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *Alison Vivas, Treasurer*

3/8/98 954-7822498

CR2E034 (10/97)