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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P94000042828 (1)**

1. Corporation Name
VIVASH, INC.

Principal Place of Business	Mailing Address
12524 BOHANNON BLVD ORLANDO FL 32824	12524 BOHANNON BLVD ORLANDO FL 32824

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/08/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21: 7507 SANDSTONE DR. ORLANDO, FL. 32836
22. Suite, Apt. #, etc:
23. City & State: ORLANDO, FLORIDA
24. Zip: 32836
25. Country: ORANGE

2a. Mailing Address — 26: 7507 SANDSTONE DR. ORLANDO, FL. 32836
27. Suite, Apt. #, etc:
28. City & State: ORLANDO, FLORIDA
29. Zip: 32836
30. Country: ORANGE

4. FEI Number: **59-3252857** ☐ 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
VILLANUEVA, VICTORIA 7507 SANDSTONE DR ORLANDO FL 32836	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	VILLANUEVA, VICTORIA	12 NAME	
STREET ADDRESS	7507 SANDSTONE DR	13 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32836	14 CITY ST ZIP	
TITLE	D	21 TITLE	RESIGNED ☑ Change ☐ Addition
NAME	SHAMIEH, ANITA	22 NAME	
STREET ADDRESS	12524 BOHANNON BLVD	23 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32824	24 CITY ST ZIP	
TITLE	D	31 TITLE	RESIGNED ☑ Change ☐ Addition
NAME	SHAMIEH, FAROOG	32 NAME	
STREET ADDRESS	12524 BOHANNON BLVD	33 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32824	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	VILLANUEVA, RENATO	42 NAME	
STREET ADDRESS	7507 SANDSTONE DR	43 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32836	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	VASQUEZ, MILA B	52 NAME	
STREET ADDRESS	12524 BOHANNON BLVD	53 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32824	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	VASQUEZ, ANTONIO	62 NAME	
STREET ADDRESS	12524 BOHANNON BLVD	63 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32824	64 CITY ST ZIP	

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)(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: Vivash A. Villanueva — 5-25-95 — (407) 352-0937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004848 CP