FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000051397 (5)**

1. Corporation Name

AUSTRAL VIAGENS COMPANY, INC.

Principal Place of Business
245 SE 1ST ST
MIAMI FL 33131

Mailing Address
245 SE 1ST ST
MIAMI FL 33131

3. Date Incorporated or Qualified: 07/12/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 245 SE 1st Street
Suite, Apt. #, etc. 22
City & State 23 Miami, Florida
Zip 24 33131 Country 25 USA

2a. Mailing Address
26 245 SE 1st Street
Suite, Apt. #, etc. 27
City & State 28 Miami, Florida
Zip 29 33131 Country 30 USA

4. FEI Number: 65-0504356 — 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
JOHN M MACDONALD PA
2 S. BISCAYNE BLVD.,
SUTIE 2975
MIAMI FL 33131

10. Name and Address of New Registered Agent
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	DA SILVA, ARI P	
STREET ADDRESS	10525 SW 112TH AVE APT 316	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	☒ DELETE
NAME	SILVA, EDNA MARIA N	
STREET ADDRESS	10525 SW 112TH AVE APT 316	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☐ Addition
1.2 NAME	Da Silva, Ari P	
1.3 STREET ADDRESS	245 SE 1st ST	
1.4 CITY-ST-ZIP	Miami, Florida 33131	
2.1 TITLE	D	☐ Change ☐ Addition
2.2 NAME	Silva, Edna Maria N	
2.3 STREET ADDRESS	245 SE 1st Street	
2.4 CITY-ST-ZIP	Miami, Florida 33131	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 305-372-9030
Date Daytime Phone #

CR2E034 (12/95)