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Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P95000013127 (2)

1. Corporation Name
VINA, INC.



Principal Place of Business Mailing Address
413 AIRLINE PARK BLVD 413 AIRLINE PARK BLVD
METAIRE LA 70003 METAIRE LA 70003-4807
US US

2. Principal Place of Business 21 413 AIRLINE PARK 22 METAIRE 23 Louisiana 24 70003	2a. Mailing Address 26 Same 27 Same 28 Same 29 Same	3. Date Incorporated or Qualified 02/14/1995	3a. Date of Last Report 07/08/1996
25 Jefferson	30	4. FEI Number 59-3298205	Applied For Not Applicable
9. Name and Address of Current Registered Agent DECKER, ANDREW J III 320 WHITE AVENUE LIVE OAK FL 32080		5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
10. Name and Address of New Registered Agent		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No	

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	NGUYEN, HAI H	1.2 NAME	
STREET ADDRESS	413 AIRLINE PARK BUILDING	1.3 STREET ADDRESS	Same
CITY-STATE-ZIP	METAIRE LA 70003	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	
NAME	NGUYEN, LAN T	2.2 NAME	
STREET ADDRESS	413 AIRLINE PARK BUILDING	2.3 STREET ADDRESS	Same
CITY-STATE-ZIP	METAIRE LA 70003	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	
NAME	TRAN, BAO	3.2 NAME	
STREET ADDRESS	ROUTE 5, BOX 77	3.3 STREET ADDRESS	Same
CITY-STATE-ZIP	LIVE OAK FL 32080	3.4 CITY-STATE-ZIP	
TITLE	D	4.1 TITLE	
NAME	LE, TRUNG	4.2 NAME	
STREET ADDRESS	134 WILLOWBROOK DRIVE	4.3 STREET ADDRESS	Same
CITY-STATE-ZIP	GRETN LA 70056	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE: [Signature] Pres. 2-18-97 504-733-8450
Date Daytime Phone

CR2E034 (9/96)