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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000048402 (8)

VIVA-INTERNATIONAL PRODUCTS, INC.

2/17

MERCARD CREdIT SERVICES CORP

Principal Place of Business

737 N.E. 70TH STREET BOCA RATON FL 33487 Mailing Address

737 N.E. 70TH STREET BOCA RATON FL 33487-2429

## FILED May 14 1997 8:00am Secretary of State



BOCA RATON	PL 33487	BOGA HATON FL 3398	1-2928						
						3. Date Incorporated or Qualified 06/21/1995	1	of Last R 2/1996	eport
2. Principal P				4. FEI Number		Ar	plied For		
21		26				65-0594832			ot Applicable
Suite, Apt.	₩, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	Additional equired
City & State	8	City & State				6. Election Campaign Financing		\$5.00	May Be
23	28					Trust Fund Contribution		Added	
Zip	Country	Zip	<b>├</b>	intry		8. This corporation has liability for in			. 199.032,
24	25	29	30	· · · ·			Yes 🛄		
<del></del>	9. Name and Address of Curren	t Hegistered Agent	<del></del>	81	Name :	10. Name and Address of New Reg	ISTORO AÇ	jent	
	GEOFFREY D			0,		1004			
	Ń.E. 70TH STREET CA RATON FL 33487			82	Street Addre	ess (P.O Box Number is Not Acceptable	θ)		
BUL	A NATUN FL 3340/			83					
				84	City			os Zin	Code
							FL		
office or re agent. I a	to the provisions of Sections 607.0502 egistered egent, or both, in the State im familiar with, and accept the obligations.	2 and 607.1508, Florida Sta of Florida. Such change wa tions of, Section 607.0505,	atutes, the al as authorize Florida Stat	bove d by lutes	e-named corporations.	oration submits this statement for the pu on's board of directors. I hereby accept	urpose of c I the appoi	hanging i ntment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered agor	nt and title if applicable. (I	NOTE: Registere	d Agei	nt signature require	od when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTO	RS IN 12
TITLE	D	DELETE,	1,1 1(	TLE			Ţ	Change	Addition
NAME	LIDDY, GEOFFREY D		1.2 N	AME					
STREET ADDRESS	737 N.E. 70TH STREET		1.3 \$1	IREET.	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33487			114-51	1 - ZIP			<b>-</b>	
TITLE	D CHANGE OF THE COLUMN TO A	☐ DELETE	2.1 1				L	_ Change	Addition
NAME	MALONE, CHARLES J 2117 CATHERINE DR. #3	_ ·		2.2 NAME					
STREET ADDRESS	DELRAY BEACH FL 33445				ADDRESS				
CITY-ST-ZIP TITLE	DELINAT BEACH FL 33443	DELETE	2. 4 C	11Y-S	ST-ZIP			Change	Addition
NAME		C OLLER	3.1 11 3.2 N/		j		L.	) Charge	LT Vocition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				ITY-S					
TITLE		DELETE	4.1 TI					Change	Addition
NAME				IAME				-	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CI	TY-ST	T-ZIP				
TITLE		☐ DELETE	5.1 TI	TLE			/\ [	Change	Addition
NAME			5.2 N	AME			$\langle \cdot \rangle$		
STREET ADDRESS			5.3 S1	REET	ADDRESS		n	1/1/	
CITY-\$T-ZIP				TY - \$1	T-ZIP		- 0	<u>^^</u>	
TITLE		☐ DETE1E	6.1 TI			Record States Senson Control Control Control		_ Change	Addition
NAME			6.2 N/			900002190 -05/27/9701012	3 <b>8</b> 0:	9	
STREET ADDRESS					ADDRESS	-U5/21/91U1012	:020		
CITY-ST-ZIP			6.4 Ci	TY-\$1	1 - ZIP	***165.00			

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 if changed, or on an attachment with an address.

CHARLEST IN CALLES IN COLUMN