

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

①

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**FILED**

97 JUL 25 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P95000088665 (1)**  
 1. Corporation Name  
**VIVA ESPANA, INC.**



Principal Place of Business <b>3664 WEBBER STREET SARASOTA FL 34232</b>	Mailing Address <b>3664 WEBBER STREET SARASOTA FL 34232</b>
--	--

DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country

<b>3.</b> Date Incorporated or Qualified <b>11/20/1995</b>	<b>3a.</b> Date of Last Report <b>07/23/1996</b>
<b>4.</b> FEI Number <b>65-0634410</b>	Applied For <b>(old 71-2803702)</b> Not Applicable
<b>5.</b> Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**DRYMON, JAMES J**  
**1605 MAIN STREET #705**  
**SARASOTA FL 34236**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DIAZ, JUAN</b>	
STREET ADDRESS	<b>3664 WEBBER STREET</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DIAZ, ROSANNE</b>	
STREET ADDRESS	<b>3664 WEBBER STREET</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>000002255620--3</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>-08/01/97-0119-081</b>
2.3 STREET ADDRESS	<b>****165.00 ****165.00</b>
2.4 CITY-ST-ZIP	<b>000002255620--3</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>-08/01/97-00149-002</b>
3.3 STREET ADDRESS	<b>*****8.75 *****8.75</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, in the attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **7-22-97**

CR2E034 (4/97)



Spanish, Italian & Latin American Market

②

7-22-97

Dept. of State:

In march of this year (1997) I sent my Annual report w/ the corresponding fee. Last week I recieved a second notice, I called today, July 22, 1997 and spoke to Jackie. She told me to write this letter and send my check for \$165. Apparantly, my Annual report fee must have been lost in the mail. If you find it, please return it or use it for next year?

Thank you

Rosanna Diaz  
V.P.