

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.)

FILED  
Aug 21 1997 8:00am  
Secretary of State

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

DOCUMENT # **P96000002821 (2)**

1. Corporation Name  
**VIEXCO, LTD. CORP.**

Principal Place of Business

**16410 SW 100 CT  
MIAMI FL 33157**

Mailing Address

**16410 SW 100 CT  
MIAMI FL 33157**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**21 16410 SW 100 CT**

2a. Mailing Address

**26 16410 SW 100 CT**

Suite, Apt. #, etc.

**22 Suite A**

Suite, Apt. #, etc.

**27 Suite A**

City & State

**23 Miami, FL**

City & State

**28 Miami, FL**

Zip

**24 33157**

Country

**25 U.S.**

Zip

**29 33157-3210**

Country

**30 U.S.**

9. Name and Address of Current Registered Agent

**FRANCIS, ALVIN  
16410 SW 100 CT  
MIAMI FL 33157**

10. Name and Address of New Registered Agent

81 Name

**N/A**

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 reinstating)

**5/27/97**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**Vice President**

NAME

STREET ADDRESS

CITY-ST-ZIP

**Kurt Estrill**

NAME

STREET ADDRESS

CITY-ST-ZIP

**15600 SW 103rd Place**

NAME

STREET ADDRESS

CITY-ST-ZIP

**Miami, FL 33157**

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**Vice President**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**Faye Petersen**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**9021 SW 156th #210C**

NAME

STREET ADDRESS

CITY-ST-ZIP

**Miami, FL 33157**

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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, or on an attachment with an address.

SIGNATURE:

**Faye Petersen**

**(305) 254-8180**

CR2E034 (4/97)