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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000027198 (6)

VIVA U.S.A. INC.

## FILED Feb 23 1998 8:00am Secretary of State

Principal Plac	e of Business		Mai	ing Address				T DEMICEM DES INFO SIBLI SEEM NEMA SIBLI		) 0 <del> </del>  0 0   0 1  0 1
1578 MADRUGA AVE., STE. 139 1578 MADRUGA AVE., STE										
CORAL GABLES FL 33146 CORAL GABLES FL 33146								DO NOT WRITE II	N THIS SPACE	
								3. Date Incorporated or Qualified 03/27/1996		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		Applied For
21			26					65-0652866		Not Applicable
Suite, Apt.	#, etc.		- [ 5	Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional
22		<u></u>	27							e Required
City & State			———	City & State				6. Election Campaign Financing \$5.00 May Be		
Zip		Country	28]		Cour	ntry				ded to Fees
24	-	25	29	-i <del>b</del>	30	y		<ol> <li>This corporation owes or has paid Personal Property Tax due June 3</li> </ol>		Ir intangibie ☐ No
[24]		and Address of Curre		red Agent	1901			10. Name and Address of New Regi		
DE	MBOVICH.	ALEXANDRE				81 Name	77.3	DURY DAGERG		
	1 PERUGIA					00 0	HARVEY ROGERS			
CORAL GABLES FL 33146						Street Address (P.O. Box Number is Not Acceptable) 28 WEST FLAGLER ST.				
						83 SUITE 500				
	1/	\ A	1		į.	84 City M.T	AMI		-1 ! I	Zip Code 33130
11. Pursuant to the provision: of Sections 607.0503 and 607.1508, Florida Statutes, the abo							corpo	ration submits this statement for the pur	rpose of changi	ng its registered
11. Pursuant to the provision: of Sections 607 050A 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 familial with 13 of accept the options of Section 607.0505, Florida Statutes.										
SIGNATURE	′	11	~	\				1/78/	78	
	Clopature, typed	gipted name of registered a			<del></del> -	Agent signatu	e required	when reinstating)	MATE SIDE	7000.0140
12.		OFFICE <del>RS AI</del>	AID DIRECT	DELETE	13.	<u> </u>	Τ-	ADDITIONS/CHANGES TO OFFICE	Char	
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STREET ADDRESS						EET ADDRESS				
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14. I 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:

EWINE U

123 /98 (305) 198 674-2100