

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000069511

1. Corporation Name

VISCAYA NUTRITION, INC.

Principal Place of Business

5703 N. UNIVERSITY DRIVE
TAMARAC FL 33321

Mailing Address

5703 N. UNIVERSITY DRIVE
TAMARAC FL 33321

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90015 018 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1996

4. FEI Number

65-0687521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

YIBIRIN, SERGIO
5703 NORTH UNIVERSITY DRIVE
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name

MIGUEL J RODRIGUEZ

82 Street Address (P.O. Box Number is Not Acceptable)

4801 S UNIVERSITY DRIVE

83

SUITE 3000

84 City

DAVIE

FL

85

Zip Code

33328

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

MIGUEL J RODRIGUEZ

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

1/25/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
YIBIRIN, JUAN C
STREET ADDRESS
5703 N. UNIVERSITY DRIVE
CITY-ST-ZIP
TAMARAC FL 33321

TITLE ☐ DELETE

NAME
YIBIRIN, SERGIO
STREET ADDRESS
5703 N. UNIVERSITY DRIVE
CITY-ST-ZIP
TAMARAC FL 33321

TITLE ☐ DELETE

NAME
YIBIRIN, MARIA R
STREET ADDRESS
5703 N. UNIVERSITY DRIVE
CITY-ST-ZIP
TAMARAC FL 33321

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4/20/99

Date

✓ (954) 476-6466

Daytime Phone #

CR2E034 (11/98)