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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mor<u>aham.</u>

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000079194 (1)

VIVA TOURS INC.

Princi	pa: i	race	or Bu	smess
2790	CΩ	HMS	AVF	

Mailing Address

2720 COLLINS AVE MIAMI BEACH FL 33140

FILED Apr 29 1998 8:00am Secretary of State



MIAMI BEACH FL 33140 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/11/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0827585 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ABOULLAM, SAMY 2720 COLLINS AVE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33140 83 84

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 pointed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition TITLE 1.1 TITLE 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP Change TITLE Addition NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Addition TITLE 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREFT ADDRESS CITY - ST- ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIE

14. Thereby 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 or an attachment with an address.

SIGNATURE:

1-7-98

Zip Code