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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000037534 1. Corporation Name

VIACEL CODD

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FILED Apr 22, 1999 8:00 am Secretary of State

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VIAGLL,	oon.								
Principal Place of Business Mailing Address						1 (40)(40) 150 18101 93131 80111 80111 80111	11417 10297 21400	(IIII BIBI (BB)	
4265 SW 14TH MIAMI FL 33134		4265 SW 14TH ST MIAMI FL 33134				DO NOT WRITE IN THIS	SPACE		
						3. Date incorporated or Qualifed 04/24/1998			÷ 9
2. Principal Pl	lace of Business	2a. Mailing Address			-	4. FEI Number 65 - 08 30348	<u> </u>	plied For t Applicable	i
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A Fee Re		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country 25			Country 30		This corporation owes the current year Interpretation Personal Property Tax.	This corporation owes the current year Intangible Personal Property Tax. ☐ No		
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered	Agent		
				81 N	lame				
	BERA, SILVIA 5 SW 14TH ST			82 S	treet Addre	ess (P.O. Box Number is Not Acceptable)			
MIAN	MI FL 33134			83		-			
				84 0	City	FL	85 Zip (Code	
-44≓ Purauant	to the provisions of Sections 607.0	502 and 607.1508, Florida Stat	utes, the a	bove-na	amed_corpo	oration submits this statement for the purpose of	changing its	registered	_
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obli	ito of Florida. Such chande was	autnotized	n ov tne	corporatio	in's board of directors t hereby accept the appoin	nimeni-as-re	3istered	
	Transmit man, and dooope and doo	•							
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NO	TE: Registered	d Agent sig	nature required	when reinstating) DATE	<u>-</u>		í
12.	OFFICERS.	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		RS IN 12	. 6
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NAME	BARBERA, SILVIA			AME					5
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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 of the repover 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 diameted, or on an attachment with an address, with all other like empowered.

CAURED SIGNATURE: