

FILE NOW: FILING FEE AFTER MAY 1ST IS \$500.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # P98000039445

1. Corporation Name

VIVA VARELA ASSOCIATES, INC.

Principal Place of Business

1800 ATLANTIC AVENUE
#A-203
KEY WEST FL 33040

Mailing Address

1800 ATLANTIC AVENUE
#A-203
KEY WEST FL 33040

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

03-05-1999 90062 031 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1998

2. Principal Place of Business

2a. Mailing Address

21 1217 Petronia St.
Suite, Apt. #, etc.

28 1217 Petronia St.
Suite, Apt. #, etc.

22 City & State
23 Key West, FL
Zip Country

27 City & State
28 Key West, FL
Zip Country

24 33040
25

29 33040
30

4. FEL Number

03-0842378

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

ALLISON, JOHN R III
100 S.E. SECOND STREET
SUITE 3350
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CONNIE GRABOIS	<input type="checkbox"/> DELETE
NAME	1217 Petronia St.	
STREET ADDRESS	Key West, FL 33040	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CONNIE GRABOIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	1217 Petronia St.	
1.3 STREET ADDRESS	Key West, FL 33040	
1.4 CITY-ST-ZIP		
2.1 TITLE	MITCHELL GRABOIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	1217 Petronia St.	
2.3 STREET ADDRESS	Key West, FL 33040	
2.4 CITY-ST-ZIP		
3.1 TITLE	JOHN ALLISON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	100 SE Second St., Su. 3350	
3.3 STREET ADDRESS	MIAMI, FL 33131	
3.4 CITY-ST-ZIP		
4.1 TITLE	CONNIE GRABOIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	1217 Petronia St.	
4.3 STREET ADDRESS	Key West, FL 33040	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Connie Grabois

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/99 305 296-4025

Daytime Phone #

CR2E034 (11/98)