

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 15, 1999 8:00 am
Secretary of State
07-15-1999 90021 017 ***550.00

DOCUMENT # **P98000044830**

1. Corporation Name
VIERA-OSBORN CORPORATION

Principal Place of Business
**4431 DAVIE ROAD STE 121
DAVIE FL 33314**

Mailing Address
**4431 DAVIE ROAD STE 121
DAVIE FL 33314**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/15/1998	
4. FEI Number 65-0834853	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 4361 DOGWOOD CIR Suite, Apt. #, etc.	2a. Mailing Address C/O NAYARIT BRICENO Suite, Apt. #, etc.
City & State WESTON FL.	City & State PEMBROKE PINES, FL.
Zip 33331	Zip 33024
Country US	Country US

9. Name and Address of Current Registered Agent CENCEBAUGH, SANDRA 4431 DAVIE ROAD STE 121 DAVIE FL 33314	10. Name and Address of New Registered Agent 81 Name LEOPOLDO VIERA 82 Street Address (P.O. Box Number is Not Acceptable) C/O NAYARIT BRICENO 83 9050 PINES BLVD. STE 450 84 City PEMBROKE PINES FL 85 Zip Code 33024
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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 **LEOPOLDO VIERA** DATE **07/02/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VIERA, LEOPALDO		1.2 NAME VIERA, LEOPOLDO	
STREET ADDRESS 190 LAKEVIEW DR #102		1.3 STREET ADDRESS 4361 DOGWOOD CIR	
CITY-ST-ZIP WESTON FL 33326		1.4 CITY-ST-ZIP WESTON, FL. 33331	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VIERA, MARY C		2.2 NAME VIERA, MARY C.	
STREET ADDRESS 190 LAKEVIEW DR #102		2.3 STREET ADDRESS 4361 DOGWOOD CIR	
CITY-ST-ZIP WESTON FL 33326		2.4 CITY-ST-ZIP WESTON, FL. 33331	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **LEOPOLDO VIERA** DATE: **07/02/99 (954) 835-0480**

CR2E034 (5/99)