Page 1sh

FOR PROFIT CORPORATION

SIGNATURE: SIGNATURE AN

| OHII OHIM DOOMEO | O HER ONLY | 100 | , -, | | | | |
|--|---|------------------------------|--|--|--------------------|--------------------------------|---|
| DOCUMENT #P99000092277 | | | | FILED | | | |
| Viana Investments Corporation | | | | 02 SEP 12 PM 12: 43 | | | |
| DO NOT WRITE IN THIS SPACE | | | | SECRETARY OF STATE FALLAHASSEE, FLORIDA | | | |
| 2. Principal Place of Business 3 57. Suite, Apt. #, etc. | Mailing Address | J - | DO NOT WRITE IN THIS SPACE | | | | |
| City & State AMI FL | 5/2 City & State 1/4 mu | =(. | 4. FEI Number (21) (899 Applied For | | | | |
| 33169 COUNTYS A | 73169 | Country | A | 5. Certificate | of Status Desired | | 75 Additional Required |
| DO NOT WR | · · · · · · · · · · · · · · · · · · · | | Vary UBA | <i>N</i> - 0 | Address of Curren | t Registered Age | ent |
| IN THIS SPACE | | | Street Address (PO; Box Namber is Not acceptable) with 5/2 | | | | |
| | | (| WORTH | MiA | mi | FL | 33769 |
| 3. The above named entity submits this statement for the | purpose of changing its reg | gistered (| office or registere | ed agent, or bol | | orida. | |
| Signature, typed or printed name of registered agent and titl | | | ent signature required | when reinstating) | | DATE | |
| This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) | Fee is \$ JBR is \$ | | Tru | ection Campaign Fi | | \$5.00 May Be Added to Fees | |
| 1. OFFICERS AND DIRE | | | ···· | | * | | |
| ME ALBA N. CASTILLO REETADDRESS 9521 SUNNISE BLYD. # 101 TY-ST-ZIP SUNNISE FL. 33322 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP ****150.00 ****150.00 | | | 6007 | |
| TLE THEATHER AME ACBA N. CASTELLE TREET ADDRESS 9521 Surrise Bld. #101 TY-ST-ZIP SURVESE, PC-33322 | | | I ADDRESS ST-ZIP | | | | |
| TILE AME AME TREET ADDRESS | | TITLE NAME STREET A | | D | O NOT | \A/DITE | |
| TY-ST-ZIP Sinciple Pk. 3.33.2-2 | | CITY_ST TITLE | ZIP. | | O.NOT- | | |
| AME TREET ADDRESS TY-ST-ZIP Sane Diustr. | only 1 per | NAME STREET A CITY-ST- | | # IV | I THIS | SPACE | , |
| TLE AME TREET ADDRESS | - | TITLE NAME STREET A | | | | * * | |
| TIY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP | | TITLE NAME STREET AL | DDRESS | | | | |
| 3. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower attachment with an address of thail other like empowers that the supplemental supp | and accurate and that my seed to execute this report as | signature s require | shall have the s | ame legal effec | t as if made under | oath; that I am an | officer or director lock 11 or on an |

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65-0945899

July 29, 2002

TO: FLORIDA STATE DEPARTMENT

FROM: VIANA INVESTMENTS CORP.

p99000012211

RE: UBR

¢This is to inform you that I have not received my yearly report. Therefore I am hereby filing thuis letter as my 2002 report.

All Information stays the same with the following exceptions:

#6 Name and address of current registered agent.

أوالاوالي أأرار المنطوي فليتماثرون أأراء أراديا أوينان بالمواريج بالصحاف يستعينهم فيهي والانتابات

ALBA N. CASTILLO 9521 Sunrise Lakes Blvd., #101 Sunrise, Fl. 33322

#11 Officers and directors

ALBA N. CASTILLO 9521 Sunrise Lakes Blvd., #101 Sunrise, Fl. 33322

Please accept this as my filing and enclosed please the annual fee.

ALBA N. CASTILLO,

Tel:(\$05) 690-8980