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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V13546

(9)

VIVA ESPANA IMPORT CO.

•

Mailing Address

## FILED Jan 23 1998 8:00am Secretary of State



4208 CARROLLWOOD VILLAGE DR TAMPA FL 33624		4208 CARROLLWOOD VILLAGE DR TAMPA FL 33624			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qu	Jalified		
2 Principal F	Place of Business	2a. Mailing Address			02/10/1992 4. FEI Number			handinal Fac
21	race of Dodiness	26			\			Applied For Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-3110696	<del></del>	<del></del>	Additional	
22		27		5. Certificate of Status Des	ired 🗌		Required	
City & Stat	e	City & State			6, Election Campaign Fina	ncing	\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Žip	Country	Zip	Cou	intry	8. This corporation owes o			ntangible
24	25	29	30		Personal Property Tax d			□ No
	<ol> <li>Name and Address of Current</li> </ol>	Registered Agent			10. Name and Address of	New Registered	Agent	
DIA	nz, luis			81 Nam	ne e			
4208 CARROLLWOOD VILLAGE DR				82 Stree	et Address (P.O. Box Number is Not A	cceptable)		
TAI	TAMPA FL 33624							
				83				
				84 City			<b>85</b> Zip	Code
				l i ř		FL	_   '   '	
11. Pursuant office or t	to the provisions of Sections 607,0502 registered agent, or both, in the State of familiar with, and accept the obligations.	and 607.1508, Florida Statu of Florida. Such change was	utes, the al	oove name d by the c	ed corporation submits this statement orporation's board of directors. I here!	for the purpose on accept the ap-	if changing pointment a	ils registered s registered
	am familiar with, and accept the obliga	tions of, Section 607.0505, F	-iorida Stat	utes.				
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. [NC	TE. Registere	d Agent signal	ure required when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES T	O OFFICERS AN	D DIRECTO	RS IN 12
TITLE	PTD	☐ DELETE	1 1 T!	TLE			Change	Addition
NAME	DIAZ, LUIS		1.2 N/	ME.	İ			
STREET ADDRESS	4208 CARROLLWOOD VIL DR		1.3 ST	REET ADORES	s			
CITY-ST-ZIP	TAMPA FL_		1.4 CI	TY-ST-ZIP				
TITLE	VSD	DELETE	2111	TLE			Change	Addition
NAME	DIAZ, HELEN		2.2 NA	AME				
STREET ADDRESS	4208 CARROLLWOOD VIL DR		2.3 ST	REET ADDRES	s (			
CITY - ST - ZIP	TAMPA FL		2.4C	ITY-ST-ZIP				
TITLE		DELETE	3.1 TI				Change	Addition
NAME			3.2 NA	ME.				
STREET ADDRESS		•	3.3 ST	REET ADDRES	s			
CITY-ST-ZIP	1		3,4. C	ITY - ST - ZIP				
TITLE		DELETE	4.1 Ti				Change	Addition
NAME			4, 2 N	AME			_	
STREET ADDRESS				REET ADDRES	s			
CITY-ST-ZIP				TY-ST-ZIP				
TITLE		DELETE	5.1 TD				Change	Addition
NAME			5.2 NA		Į.			
STREET ADDRESS	}			REET ADDRES	,			
					~			
CITY-SI-ZIP TITLE		DELETE	5.4 CI	TY-ST-ZIP	<del> </del>		Change	Addition
		Tan Defect					— Alleringe	المراتان الت
NAME			6.2 NA		.			
STREET ADDRESS	I		■ 6.3 ST	REET ADDRES	\$ !			

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:

THE AUG TYPES OF PRINTED NAME OF SKRIPPER OF FIGER OR DIRECTOR

1/14/98

Doubles Obeno H. DOGOTHO