

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

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**Jan 15 1997 8:00am**

**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V16434** (5)

1. Corporation Name  
**SYLVIA'S INC.**

Principal Place of Business  
**1540 ZULETA AVE.  
CORAL GABLES FL 33146  
US**

Mailing Address  
**P.O. BOX 140546  
CORAL GABLES FL 33114-0546  
US**



2. Principal Place of Business  
21 **5004 ALHAMBRA Circle**

2a. Mailing Address

22 Suite, Apt. #, etc.  
23 **CORAL Gables FLORIDA**

26 Suite, Apt. #, etc.  
27 City & State

24 Zip **33146** 25 Country **US**

28 Zip Country  
29 30

3. Date Incorporated or Qualified **03/01/1992** 3a. Date of Last Report **03/05/1996**  
4. FEI Number **65-0364971** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**VIYELLA, SYLVIA  
1540 ZULETA AVE.  
CORAL GABLES FL 33146**

**10. Name and Address of New Registered Agent**

81 Name **SYLVIA VIYELLA**  
82 Street Address (P.O. Box Number is Not Acceptable) **5004 ALHAMBRA Circle**  
83  
84 City **CORAL Gables** FL 85 Zip Code **33146**

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 *Sylvia Viyella*  
Signature valid only if printed name of registered agent and fee is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>VIYELLA, SYLVIA</b>
STREET ADDRESS	<b>1540 ZULETA AVENUE</b>
CITY - ST - ZIP	<b>CORAL GABLES FL 33146</b>
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SYLVIA VIYELLA</b>
1.3 STREET ADDRESS	<b>5004 ALHAMBRA Circle</b>
1.4 CITY - ST - ZIP	<b>CORAL Gables FL 33146</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 do 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: *Sylvia Viyella* *Sylvia Viyella* January 7, 1997 (305) 4449494  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)