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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

Suite, Apt. #, etc.

22

City & State

23 CORAL Gables FLORIDA

Zip

24 33146

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME VIYELLA, SYLVIA
STREET ADDRESS 1540 ZULETA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33146

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME SYLVIA VIYELLA
1.3 STREET ADDRESS 5004 ALHAMBRA Circle
1.4 CITY-ST-ZIP CORAL GABLES FL 33146

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

January 7, 1997 (305) 4449494

Daytime Phone

CR2E034 (9/96)