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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761003 (3)
1. Corporation Name
VICTORY GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 650 NE 149 ST MIAMI FL 33161-2279	Mailing Address 650 NE 149 ST MIAMI FL 33161-2285
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3. Date Incorporated or Qualified 08/09/1981	3a. Date of Last Report 05/21/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

4. FEI Number 59-2383837	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TEMELCOVITCH, MARIA
650 NE 149 STREET
STE. 302A
N MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Maria Temelcovitch* (MARIA TEMELCOVITCH) PRESIDENT 4-10-97 DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DOMINGO VARGAS	
STREET ADDRESS	7508	
CITY - ST - ZIP	MIAMI FL 33141	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VALES ISABEL	
STREET ADDRESS	1015 PIZARRO ST.	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUIZ, MARIA	
STREET ADDRESS	650 NE 149 STREET, STE. 205	
CITY - ST - ZIP	N. MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUZ SOLANO	
STREET ADDRESS	650 N.E. 149TH ST. 402A	
CITY - ST - ZIP	N. MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARLOS GODOY	
STREET ADDRESS	8725 S.W. 39TH TERRACE	
CITY - ST - ZIP	MIAMI FL 33135	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YAYA, JORGE	
STREET ADDRESS	1964 NE 25 AVENUE	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RUBES CAROL
2.3 STREET ADDRESS	650 NE 149 ST. #102A
2.4 CITY - ST - ZIP	No. MIAMI, FL 33161
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WELLMAN, DANIELLE
3.3 STREET ADDRESS	5045 SW 63 AVE.
3.4 CITY - ST - ZIP	MIAMI, FL 33155
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PENA, DRISTIAN
5.3 STREET ADDRESS	650 NE 149 ST. #505F
5.4 CITY - ST - ZIP	No. MIAMI, FL 33161
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JIMENEZ, ROSELIO
6.3 STREET ADDRESS	2160 BAY DRIVE #6
6.4 CITY - ST - ZIP	MIAMI BEACH, FL 33141

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Maria Temelcovitch* (305) 944-9968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031667

CFR2037 (9/96)