


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90006 010 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>	 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N20631** ✓

1. Corporation Name  
**MIAMI BEACH VICTORIA CONDOMINIUM ASSOCIATION INCORPORATED**

Principal Place of Business 818 MERIDIAN AVENUE MIAMI BEACH FL 33139 <b>Victoria Condo Assn.                  1460 A NW 107 Ave                  Miami FL 33172</b>	Mailing Address 818 MERIDIAN AVENUE MIAMI BEACH FL 33139 <b>Victoria Condo Assn.                  1460 A NW 107 Ave                  Miami FL 33172</b>
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2. Principal Place of Business 21 1460 A NW 107 AVENUE Suite, Apt. #, etc. 22 MIAMI FL 33172 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 05/11/1987 4. FEI Number 59-1429140 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

CACERES, FELIX  
 818 MERIDAIN AVE APT. 6  
 MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name ~~EDUAR~~ Galaxy Realty Management  
 JOSEPH P. ISERN CAM-MANAGER  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 1460 A NW 107 AVENUE  
 83 MIAMI 33172  
 84 City MIAMI FL 85 Zip Code 33172

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CACERES, FELIX	
STREET ADDRESS	818 MERIDAIN AVE APT. 6	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MENDEZ, ROSA	
STREET ADDRESS	818 MERIDAIN AVE. APT. 5	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	QUINONES, JUAN V	
STREET ADDRESS	818 MERIDIAN AVE. APT. 3	
CITY-ST-ZIP	MIAMI BEACH FL	
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	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gerardo Del Rio	
1.3 STREET ADDRESS	818 Meridian Ave. # 7	
1.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
2.1 TITLE	S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OSCAR SIMON	
2.3 STREET ADDRESS	818 Meridian Ave # 4	
2.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
3.1 TITLE	T.D. Reina Del Rio	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	818 Meridian Ave. # 3	
3.4 CITY-ST-ZIP	MIA BEACH FL 33139	
4.1 TITLE	D. MARISA SILVEIRA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	818 Meridian Avenue	
4.4 CITY-ST-ZIP	MIA BEACH FL 33139	
5.1 TITLE	D. ROSA MENDEZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	818 Meridian Avenue	
5.4 CITY-ST-ZIP	MIA BEACH FL 33139	
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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH P. ISERN  
 Condo Manager 7/15/99 (305) 592-0124

CR2E037 (5/99)