

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
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N20631**

1. Corporation Name

MIAMI BEACH VICTORIA CONDOMINIUM ASSOCIATION INCORPORATED

Principal Place of Business

~~818 MERIDIAN AVENUE
 MIAMI BEACH FL 33139~~

**Victoria Condo Assn.
 1460 A NW 107 Ave
 Miami FL 33172**

Mailing Address

~~818 MERIDIAN AVENUE
 MIAMI BEACH FL 33139~~

**Victoria Condo Assn.
 1460 A NW 107 Ave
 Miami FL 33172**

594654-90006-10 4 *



2. Principal Place of Business

21 **1460 A NW 107 AVENUE**

Suite, Apt. #, etc.

22 **MIAMI FL 33172**

City & State

23 Zip

25 Country

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

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 ~~EDUARDO~~ **Galaxy Realty Management**
 82 Street Address (P.O. Box Number is Not Acceptable)
1460 A NW 107 AVENUE
 83 **MIAMI 33172**
 84 City **MIAMI** 85 Zip Code **FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CACERES, FELIX	1.2 NAME	Gerardo Del Rio
STREET ADDRESS	818 MERIDAIN AVE APT. 6	1.3 STREET ADDRESS	818 Meridian Ave. # 7
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI Beach FL 33139
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ, ROSA	2.2 NAME	OSCAR SIMON
STREET ADDRESS	818 MERIDAIN AVE. APT. 5	2.3 STREET ADDRESS	818 Meridian Ave # 4
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	MIAMI Beach FL 33139
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T.D. Reina Del Rio <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINONES, JUAN V	3.2 NAME	818 Meridian Ave. # 3
STREET ADDRESS	818 MERIDIAN AVE. APT. 3	3.3 STREET ADDRESS	MIA BEACH FL 33139
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D. MARISA SILVEIRA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	818 Meridian Avenue
STREET ADDRESS		4.3 STREET ADDRESS	MIA BEACH FL 33139
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D. ROSA MENDEZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	818 Meridian Avenue
STREET ADDRESS		5.3 STREET ADDRESS	MIA BEACH FL 33139
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **SIGNATURE REQUIRED** **Joseph P. Isern**
 CONDO MANAGER 7/15/99 (305) 5920124
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)