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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000051322**1. Corporation Name

VICTORIA'S ARMOIRE, INC.

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90046 012 ***150.00



410101111	to /timotite/ into								
Principal Place	of Business	Mailing Address				()			
4077 PONCE DE LEON BLVD. CORAL GABLES FL 33146		4077 PONCE DE LEON BLVD. CORAL GABLES FL 33146			DO NO	T WRITE IN THIS	SPACE .		
					3. Date Incorporated or Qu		- AOL		
	•				07/16/1993	uamou			
	· .	2a, Mailing Address			4. FEI Number		· Apr	olied For	٠.
-	ace of Business	<u> </u>			65-0392219			Applicable	કહી જ
21	# ata	Suite, Apt. #, etc.					\$8.75 A		
Suite, Apt. 7	#, etc.	27			5. Certificate of Status Des	sired 🗀	Fee Re		
22 City & State		City & State			6. Election Campaign Fina	ancing -	\$5:00	Mav Bē	
23		28			Trust Fund Contribution	1 (Added to		٠.
Zip	Country	Zip			8. This corporation owes t	the current year Inta	angible		
24	25	29	30		Personal Property Tax.		Yes	□No	
	9. Name and Address of Curren				10. Name and Address of	New Registered	Agent		
	and the second second	The San	8	1 Name					
FUEN	ntes, eduardo s		8	2 Street A	ddress (P.O. Box Number is Not	Acceptable)		<u> </u>	
4077 PONCE DE LEON BLVD.			ľ	2 Olicot A	Street Address (P.O. Box Number is Not Acceptable)			.;y-= <u>y****</u> ;	٠.,
COR	AL GABLES FL 33146		8	3			12 1331		
	• •			4 City	**************************************	<u> </u>	85 Zip C	ode	
00.0			0	+ City		FL			
gaja massas p	to the provisions of Sections 607.050	2 and 607.1508. Florida Stat	utes, the abo	ve-named c	corporation submits this statement	for the numose of	changing its	registered	
11. Pursuant office or n agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was tions of, Section 607.0505, F	lorida Statute	y trie corpor is.	Tation's board of directors. Thereb	for the numose of	changing its	registered gistered	6
11. Pursuant office or ri agent. I al SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, hosed or printed name of registered age	of Florida. Such change was tions of, Section 607.0505, F	Te: Registered Ag	y trie corpor is.	quired when roinstating) ** ** **	for the purpose of by accept the appoint			(80)
11. Pursuant office or n agent. I at SIGNATURE 12.	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN	of Florida. Such change was tions of, Section 607.0505, F	lorida Statute	y the corpor	quired when reinstating) (1) 11.	for the purpose of by accept the appoint			(447)08)
11. Pursuant office or nagent. I all SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN	of Florida. Such change was titions of, Section 607.0505, F	TE: Registered Ag	ent signature red	quired when roinstating) ** ** **	for the purpose of by accept the appoint	D DIRECTO	RS IN 12	744700
11. Pursuant office or reagent. I as SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obligation of signature, typed or printed name of registered age OFFICERS AN D FUENTES, EDUARDO S	of Florida. Such change was titions of, Section 607.0505, F	TE: Registered Ac	ent signature red	quired when reinstating) (1) 11.	for the purpose of by accept the appoint	D DIRECTO	RS IN 12	744700
11. Pursuant office or nagent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obligation of	of Florida. Such change was titions of, Section 607.0505, F	TE: Registered Activation 113. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature rec	quired when reinstating) (1) 11.	for the purpose of by accept the appoint	D DIRECTO	RS IN 12	000000000000000000000000000000000000000
11. Pursuant office or nagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligation of files and accept the obligation of	of Florida. Such change was titions of, Section 607.0505, F	TE: Registered Ac	ent signature recent si	quired when reinstating) (1) 11.	for the purpose of by accept the appoint	D DIRECTO	RS IN 12	(44708)
11. Pursuant office or n agent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State m familiar with, and accept the obligation of	of Florida. Such change was titons of, Section 607.0505, Fint and title if applicable. (NO DIRECTORS	TE: Registered Ac 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY	ent signature rec	quired when reinstating) (1) 11.	for the purpose of by accept the appoint	D DIRECTO	RS IN 12	(44700)
11. Pursuant office or magent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obligation of FICERS AND FUENTES, EDUARDO S 4077 PONCE DE LEON BLVD. CORAL GABLES FL 33146 D FUENTES, ANNA E	of Florida. Such change was titons of, Section 607.0505, Fint and title if applicable. (NO DIRECTORS	TE: Registered As 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM	ent signature rec	quired when reinstating) (1) 11.	for the purpose of by accept the appoint	D DIRECTO	RS IN 12	CD0E004 (44709)
11. Pursuant office or magent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obligation of	of Florida. Such change was titons of, Section 607.0505, Fint and title if applicable. (NO ID DIRECTORS DELETE	TE: Registered Ac 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE	ent signature recent si	quired when reinstating) (1) 11.	for the purpose of by accept the appoint	D DIRECTO	RS IN 12	(44/00)
11. Pursuant office or magent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligation of FICERS AND FUENTES, EDUARDO S 4077 PONCE DE LEON BLVD. CORAL GABLES FL 33146 D FUENTES, ANNA E	of Florida. Such change was titons of, Section 607.0505, Fint and title if applicable. (NO ID DIRECTORS DELETE	TE: Registered As 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM	ent signature received and signature received	quired when reinstating) (1) 11.	for the purpose of by accept the appoint	D DIRECTO Change	RS IN 12	(447)00)
11. Pursuant office or magent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State m familiar with, and accept the obligation of ficers and officers and	of Florida. Such change was titons of, Section 607.0505, Fint and title if applicable. (NO ID DIRECTORS DELETE	TE: Registered As 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY	ent signature received and signature received	quired when reinstating) (1) 11.	for the purpose of by accept the appoint	D DIRECTO Change	RS IN 12 Addition	(44700)
11. Pursuant office or magent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the State m familiar with, and accept the obligation of	of Florida. Such change was titons of, Section 607.0505, Fint and title if applicable. (NO ID DIRECTORS DELETE	TE: Registered Ac 13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.4 CITY 2.4 CITY 3.1 TITLE 3.2 NAM	ent signature received and signature received	quired when reinstating) (1) 11.	for the purpose of by accept the appoint	D DIRECTO Change	RS IN 12 Addition	(44),000
11. Pursuant office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obligation of ficers and officers and	of Florida. Such change was titons of, Section 607.0505, Fint and title if applicable. (NO ID DIRECTORS DELETE	TE: Registered Ác 13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.3 STRE 3.3 STRE 3.4 STRE 3.4 STRE 3.5 STRE 3.7 STRE 3.8 STRE 3.8 STRE	ent signature received and signature received	quired when reinstating) (1) 11.	for the purpose of by accept the appoint	D DIRECTO Change	RS IN 12 Addition	(44:00)
11. Pursuant office or magent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligation of ficers and officers and	of Florida. Such change was titons of, Section 607.0505, Fint and title if applicable. (NO ID DIRECTORS DELETE	TE: Registered Ác 13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.3 STRE 3.3 STRE 3.4 STRE 3.4 STRE 3.5 STRE 3.7 STRE 3.8 STRE 3.8 STRE	ent signature received and signature received	quired when reinstating) (1) 11.	for the purpose of by accept the appoint	D DIRECTO Change Change	RS IN 12 Addition	(445)
11. Pursuant office or reagent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE	egistered agent, or both, in the State m familiar with, and accept the obligation of ficers and officers and	of Florida. Such change was titions of, Section 607.0505, Fint and title if applicable. (NO ID DIRECTORS DELETE	TE: Registered Ác 13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.4 CITY 3.1 TITLE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 3.3 STRE 3.4 CITY 3.4 CITY 3.5 STRE 3.7 STRE 3.7 STRE 3.8 STRE 3.8 STRE 3.8 STRE 3.8 STRE	ent signature received and signature received	quired when reinstating) (1) 11.	for the purpose of by accept the appoint	D DIRECTO Change Change	RS IN 12 Addition Addition	1
11. Pursuant office or nagent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of t	of Florida. Such change was titions of, Section 607.0505, Fint and title if applicable. (NO ID DIRECTORS DELETE	TE: Registered Ac 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4. 2 NAM	ent signature received and signature received	quired when reinstating) (1) 11.	for the purpose of by accept the appoint	D DIRECTO Change Change	RS IN 12 Addition Addition	1 CD201744/60
11. Pursuant office or nagent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of t	of Florida. Such change was titions of, Section 607.0505, Fint and title if applicable. (NO ID DIRECTORS DELETE	TE: Registered Ac 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.3 STRE 4.3 STRE 4.3 STRE 4.3 STRE	ent signature received and signature received	quired when reinstating) (1) 11.	for the purpose of by accept the appoint	D DIRECTO Change Change	RS IN 12 Addition Addition	100:00:00 Per 100:00 P
11. Pursuant office or nagent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of t	of Florida. Such change was titions of, Section 607.0505, Fint and title if applicable. (NO ID DIRECTORS DELETE	TE: Registered Ac 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4. 2 NAM	ent signature received and signature received	quired when reinstating) (1) 11.	for the purpose of by accept the appoint	D DIRECTO Change Change Change	RS IN 12 Addition Addition	(100 ECO 200 (144 (08)
11. Pursuant office or nagent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of t	of Florida. Such change was titions of, Section 607.0505, Fint and title if applicable. (NO ID DIRECTORS DELETE	TE: Registered Ac 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 4.3 STRE 4.4 CITY 4.4 CITY 4.4 CITY 4.4 CITY 4.4 CITY	ent signature received and signature received	quired when reinstating) (1) 11.	for the purpose of by accept the appoint	D DIRECTO Change Change Change	RS IN 12 Addition Addition	(00000000000000000000000000000000000000
11. Pursuant office or nagent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obligation of the state o	of Florida. Such change was titions of, Section 607.0505, Fint and title if applicable. (NO ID DIRECTORS DELETE	TE: Registered Ac 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAA 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM	ent signature received and signature received	quired when reinstating) ADDITIONS/CHANGES	for the purpose of by accept the appoint	D DIRECTO Change Change Change	RS IN 12 Addition Addition	(147/08)
11. Pursuant office or nagent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obligation of the state o	of Florida. Such change was titions of, Section 607.0505, Fint and title if applicable. (NO ID DIRECTORS DELETE	TE: Registered Ac 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAA 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM	ent signature received and signature received	quired when reinstating) ADDITIONS/CHANGES	for the purpose of by accept the appoint	D DIRECTO	RS IN 12 Addition Addition	(41,00)
11. Pursuant office or nagent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligation of familiar with, and accept the obligation of files. Signature, typed or printed name of registered age OFFICERS AND FUENTES, EDUARDO S 4077 PONCE DE LEON BLVD. CORAL GABLES FL 33146 D FUENTES, ANNA E 4077 PONCE DE LEON BLVD. CORAL GABLES FL 33146	of Florida. Such change was titions of, Section 607.0505, Fint and title if applicable. (NO ID DIRECTORS DELETE DELETE	TE: Registered Ac 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 CITY 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.3 STRE 5.3 STRE 5.4 STRE 5.5	ent signature received and signature received	quired when reinstating) ADDITIONS/CHANGES	for the purpose of by accept the appoint	D DIRECTO Change Change Change	RS IN 12 Addition Addition	(00000000000000000000000000000000000000
11. Pursuant office or n agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of the st	of Florida. Such change was titions of, Section 607.0505, Fint and title if applicable. (NO ID DIRECTORS DELETE DELETE	TE: Registered Ac 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 3.1 TITLE 3.2 NAM 3.3 STRE 4.4 CITY 4.1 TITLL 4.2 NAM 4.3 STRE 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 5.1 TITLE 5.3 NAM 5.3 STRE 5.4 CITY 5.4 CITY 5.5 NAM 5.5 STRE 5.4 CITY 5.4 CITY 5.4 CITY 5.5 NAM 5.5 STRE 5.4 CITY 5.4 CITY 5.5 NAM 5.5 STRE 5.4 CITY 5.5 NAM 5.5 STRE 5.4 CITY	ent signature received and signature received	quired when reinstating) ADDITIONS/CHANGES	for the purpose of by accept the appoint	D DIRECTO	RS IN 12 Addition Addition Addition Addition Addition	(00007777000)
11. Pursuant office or nagent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligation of familiar with, and accept the obligation of files. Signature, typed or printed name of registered age OFFICERS AND FUENTES, EDUARDO S 4077 PONCE DE LEON BLVD. CORAL GABLES FL 33146 D FUENTES, ANNA E 4077 PONCE DE LEON BLVD. CORAL GABLES FL 33146	of Florida. Such change was titions of, Section 607.0505, Fint and title if applicable. (NO ID DIRECTORS DELETE DELETE	TE: Registered Ac 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLL 5.2 NAM 5.3 STRE 5.4 CITY 5.1 TITLL 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLL 6.2 NAM	ent signature received and signature received	quired when reinstating) ADDITIONS/CHANGES	for the purpose of by accept the appoint	D DIRECTO	RS IN 12 Addition Addition Addition Addition Addition	(00,17,14,00)

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 607, 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.