FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
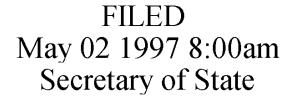**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # **S98009** **(1)**

1. Corporation Name

LITO VICTORIA CORP.

Principal Place of Business	Mailing Address
4520 GRANADA BLVD	4520 GRANADA BLVD
	CORAL GABLES FL 33146-1246

3. Date Incorporated or Qualified	3a. Date of Last Report
12/05/1991	**08/07/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	**65-0313950**	Not Applicable
Suite, Apt. # etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
M.A. REGISTERED AGENT CORP.	81	Name	
100 SE 2ND ST	82	Street Address (P.O. Box Number is Not Acceptable)	
28TH FLOOR	83		
MIAMI FL 33131	84	City FL	85 Zip Code

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 _____ DATE 4/11/97

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

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LAURENCIO, HECTOR M.	1.2 NAME	
STREET ADDRESS	4520 GRANADA BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LAURENCIO, MARIA EUGENIA	2.2 NAME	
STREET ADDRESS	4520 GRANADA BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: _____ REQUIRED 4/11/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

0204802