## 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

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90091 011 \*\*\*150.00

DOCUMENT	#	P960	000	023	22

1. Corporation Name

VICTAFORD HOLDINGS INC

VISTAFU	nd Holdings, Inc.									
Principal Place	of Business	Mailing Address					fit titten enen batti de	ett <b>ab</b> tet <b>aa</b> tet a	<b></b>	14818 1181 1881
- •		100 S.E. SECOND	STREET							
17TH FLOOR	0.2.				DO NOT WRITE IN THIS SPACE					
MIAMI FL 33131		MIAMI FL 33131				7 Data ta a sana		IE IN THIS	SPACE	
						3. Date Incorpor	_			1
						01/08/199	<u> </u>			plied For
2. Principal Pl	Place of Business 2a. Mailing Address					4. FEI Number	(040) =		}—————————————————————————————————————	t Applicable
21	26				NOT APPL	ICABLE		\$8.75		
Suite, Apt. 1	#, etc.	Suite, Apt. #,	etc.			5. Certificate of S	Status Desired		Fee Re	-
	City & State City & State					6. Election Cam	paign Financing		\$5.00	,
23		28				Trust Fund C	ontribution		Added	o Fees
Zip	Country	Zìp	c	ountry		8. This corporati		ent year Int		
24	25		30			Personal Proj	:		Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and A	ddress of New F	Registered	Agent	
				81	Name					
	T, DONALD E ESQ.			82	Street Ad	dress (P.O. Box Numb	er is Not Accepta	able)		
	s.e. Second Street					`				
17TH	I FLOOR			83						J
MIAMI FL 33131			84	City		<del></del>		85 Zip	Code	
				04	City			FL	.   55   5	
office or re agent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida, Such chan- tions of, Section 607.6	je was authori )505, Florida S	zeo by tatutes	tne corpora	ation's board of director	s. I hereby accep	ot the appoi	ntment as re	gistered
		ID DIRECTORS		3.	r signature requ	ADDITIONS/C	HANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12
TITLE	PDS			1 TITLE					Mi	<b></b>
				2 NAME		ASSISTING INCOME	Down ld	E.		
NAME	OANEOO, OOAT III			ADDRESS	100 6	a ST.	17th	FLOQ	<b>a</b>	
STREET ADDRESS	100 SE SECOND ST, 17TH FL	OUR		4 CITY-S		البه العبداء	FL.	3313	<i>)</i>	ļ
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NAME			9	2 NAME	*******					}
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP			5	.4 CITY-S	T-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 fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an adjress, with all other like empowered. CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ OELETE

Change

CR2E034 (11/98)

Addition