FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

'95 JUL -6 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K48747 (5)

1. Corporation Name
F.P.G. VICTORIA CORP.

Principal Place of Business
C/O KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVENUE, STE. 700
MIAMI FL 33131

Mailing Address
C/O KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVENUE, STE. 700
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1988
3a. Date of Last Report: 05/17/1994

2. Principal Place of Business
21
Suite Apt. # etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite Apt. # etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0094309
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

8. The corporation has elected to be governed by Section 607.0901 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVENUE
STE. 700
MIAMI FL 33131

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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
(Signature of New Registered Agent if Agent is Changing) (Date)
(Signature of Former Registered Agent if Agent is Resigning) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS (Check one)
01 Title	DPS	☐ Change ☐ Addition
02 Name	GIL, FEDERICO P. MD	
03 Street Address	5805 SW 74 AVE	
04 City, St., Zip	MIAMI FL	
05 Title	T	☐ Change ☐ Addition
06 Name	GIL, FEDERICO P. MD	
07 Street Address	5805 SW 74 AVE	
08 City, St., Zip	MIAMI FL	
09 Title		☐ Change ☐ Addition
10 Name		
11 Street Address		
12 City, St., Zip		
13 Title		☐ Change ☐ Addition
14 Name		
15 Street Address		
16 City, St., Zip		
17 Title		☐ Change ☐ Addition
18 Name		
19 Street Address		
20 City, St., Zip		
21 Title		☐ Change ☐ Addition
22 Name		
23 Street Address		
24 City, St., Zip		

14. I hereby certify that the information contained with this report is accurately furnished and does not exceed by the exemption stated in Section 119.07(3)(w), Florida Statutes. I further certify that this is complete and correct report or supplemental annual report to the best of my knowledge and that my signature shall have the same legal effect and force as if made under oath, that I am an officer or director of the corporation or the trustee or trustee of the trust and I agree to rely upon this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Page 1 of this report or on an attached sheet with an asterisk.

SIGNATURE: Federico Gil M.D. 6-28-95
MUST BE DATED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

0130748 CP