

FILE NOW: FILING FEE AFTER MAY.1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K48747** (5)

1. Corporation Name

F.P.G. VICTORIA CORP.



Principal Place of Business

Mailing Address

**C/O KTO&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVENUE, STE. 700
MIAMI FL 33131**

**C/O KTO&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVENUE, STE. 700
MIAMI FL 33131**

3. Date Incorporated or Qualified
12/02/1988

3a. Date of Last Report
07/06/1995

2. Principal Place of Business

2a. Mailing Address

21 **3934 SW 8 St**

26 **3934 SW 8 St**

4. FEI Number

65-0094309

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Miami, FL

Miami, FL

24 Zip Country

29 Zip Country

33131 US

33131 US

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KTO&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVENUE
STE. 700
MIAMI FL 33131**

81 Name
Federico P. Gil, MD
82 Street Address (P.O. Box Number is Not Acceptable)
3934 SW 8 St
83 #
#202
84 City
Miami FL 85 Zip Code
33131

11. Pursuant to the provisions of Sections 607.050 and 607.150, 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 607.050, Florida Statutes.

SIGNATURE

Signature of individual or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

3-8-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DPS	GIL, FEDERICO P. MD	5805 SW 74 AVE	MIAMI FL	<input type="checkbox"/>
T	GIL, FEDERICO P. MD	5805 SW 74 AVE	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		3934 SW 8 St, #202	Miami, FL 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
		3934 SW 8 St, #202	Miami, FL 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-96

305-445-8466

CR2E034 (12/95)