

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K54211** (3)

1. Corporation Name
J.L.G. VICTORIA CORP.



Principal Place of Business: **9495 SUNSET DR. SUITE B-200 MIAMI FL 33173**
Mailing Address: **9495 SUNSET DR. SUITE B-200 MIAMI FL 33173**

3. Date Incorporated or Qualified: **12/28/1988**
3a. Date of Last Report: **03/27/1995**
4. FEI Number: **65-0097164** 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Sub-Office, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Sub-Office, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**M.Z.K.J. REGISTERED AGENT CORPORATION
CENTRUST FINANCIAL CENTER
100 SE 2ND ST, 28TH FLOOR
MIAMI FL 33131**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	JACK LEON GABAY		1.2 NAME		
3. STREET ADDRESS	9495 SUNSET DR		1.3 STREET ADDRESS		
4. CITY, ST, ZIP	MIAMI FL		1.4 CITY, ST, ZIP		
5. TITLE		<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME			2.2 NAME		
7. STREET ADDRESS			2.3 STREET ADDRESS		
8. CITY, ST, ZIP			2.4 CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME			3.2 NAME		
11. STREET ADDRESS			3.3 STREET ADDRESS		
12. CITY, ST, ZIP			3.4 CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME			4.2 NAME		
15. STREET ADDRESS			4.3 STREET ADDRESS		
16. CITY, ST, ZIP			4.4 CITY, ST, ZIP		
17. TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME			5.2 NAME		
19. STREET ADDRESS			5.3 STREET ADDRESS		
20. CITY, ST, ZIP			5.4 CITY, ST, ZIP		
21. TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME			6.2 NAME		
23. STREET ADDRESS			6.3 STREET ADDRESS		
24. CITY, ST, ZIP			6.4 CITY, ST, ZIP		

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)(b), 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: _____ DATE: **1/17/95** 270 0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)