

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000001979 (1)

1. Corporation Name
 VICTORIA HEALTH CENTER, INC.

Principal Place of Business Mailing Address
 600 BRICKELL AVENUE SUITE 206-P MIAMI FL 33134
 600 BRICKELL AVENUE / O HOUSING & SERVICE, INC SUITE 206-P MIAMI FL 33134 202 E 35th MC 10016

FILED
 97 NOV -3 AM 11:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 91
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 600 Brickell Avenue 26 C/O Housing & Services, Inc
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 Suite 300V 27 202 East 35th Street
 City & State City & State
 23 Miami, FL 28 New York, NY
 Zip Country Zip Country
 24 33134 25 USA 29 10016 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
 04/08/1996
 4. FEI Number Applied For
 65-0666138 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 MATAS, RAQUEL M ESQUIRE
 2333 PONCE DE LEON BOULEVARD
 SUITE 650
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code
 FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Raquel Matas* Raquel Matas, Esq. DATE 10/30/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAAGA, CLAIRE	202 E 35th
STREET ADDRESS	600 BRICKELL AVENUE, SUITE 206-P	
CITY-ST-ZIP	MIAMI FL 33134	NY, NY 10016
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRITELL, PETER S	LeBoeuf Lamb Greene & MacRae
STREET ADDRESS	C/O GOUVERT & BROG, 1114 AVE OF THE AMERIC	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COHEN, MICHAEL	
STREET ADDRESS	530 FIFTH AVENUE, C/O WILLIAMS REAL ESTATE	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Haaga, Claire	
1.3 STREET ADDRESS	202 East 35th Street	
1.4 CITY-ST-ZIP	New York, NY 10016	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Britell, Peter S.	
2.3 STREET ADDRESS	LeBoeuf, Lamb, Greene, & MacRae, 125 W. 55th St.	
2.4 CITY-ST-ZIP	New York, NY 10016	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Sandra B. Morham* 9/30/97 712-683-1212

CR2E037 (4/97)