PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATI) s	ecretar	TMENT-OF STATE y of State corporations	0/.		LED 20 MH: 02		
DOCUMENT # PO10001166 H							SE	CRET/	GRITUR STATE SSIE, FLORIDA		
VICTORIA I, INC											
· · · · · · · · · · · · · · · · · · ·					Natiling Office Address 1301 GALZEDO ST						
Suite, Apr. #, etc. #4-				Suite, Apt. #,	Suite, Apt. #, etc. #4			4. Date incorporated or Qualified To Do Business in Florida (2 0 200)			
COPAL_GABLES.				City & State	COPALGABIES			<u> </u>	Ap	plied For	
zip 331	73134 Country		Zip 331	2ip Country 33134		CERTIFICATE OF STATUS DESIRED 38.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent											
4	Nermo ALEXANDER G. SEIFERT										
	Street Address (P.O. Box Number is Not Acceptable)										
	1301 SALZEDO ST Sulto, Apt. #, Etc.									-1	
	#4									_	
	COPAL GABIES						State Zip Code 33134				
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.											
Signature of AUK Seifert								Date	8-3-2004	- Separa	
	•		F	REGISTERED AG	ENT MUST	T SIGN				<u>a</u>	
9. Names	and Street A	ddresse	s of Each Officer a	nd/or Director (Flo	nda nonpr	ofit corporations must list at k	east 3 directors)	 			
Titles	Name of Officers and/or Directors			8	Street Address of Each Officer and/or Director			City / State / Zip			
MGR	CRISDELI NAVA		MZ10	AZIO 300 NADEIRA			AVE MIAMI, FL, 33134				
							1.0	boo	140375361 -01082002 *********************************		
-							08/20	7/04	-01082002 **10	JSC . 00	
				H. Driver,	40 6 /30 4	The state of the s	T M	-0	<u> </u>		
				- E		- VVE C. 14	Ud		7		
this nei owed b on this	nstatement a by the corpora application is	pplication ation have a true and	n, the reason for di- e been paid and th d accurate, and my	ssolution has beer e names of individ signature shall ha	ı əliminated luals listed	d, the corporate name satisfie	s the requirements an exemption und	of section	or 617, F.S. I further certify that with 607,0401 or 617,0401, F.S., the 119,07(3)(i), F.S. The information	at all fees n indicated	
SIGNA			SDELI N		SIGNING OF	FRICER OR DIRECTOR	00	Date	2004 305 441 2 Daytime Phone #	40F	