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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:29

DOCUMENT # P17290 (8)

1. Corporation Name
VICTORIA STATION DADELAND, INC.

Principal Place of Business: ~~200 BROAD ST. STAMFORD CT 06901~~ 7541 N. Kendall Dr. Miami, Fl 33156

Mailing Address: ~~200 BROAD ST.~~ STAMFORD CT 06901 112 Prospect Staeat

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 7541 N Kendall Dr.	26 112 Prospect Street
22 Suite, Apt. #, etc.	27 2nd Floor
23 City & State: Miami, Fl	28 City & State: Stamford Ct.
24 Zip: 33156 25 Country: DADE	29 Zip: 06901 30 Country: Fairfield

3. Date Incorporated or Qualified: 12/17/1987
3a. Date of Last Report: 03/08/1994
4. FEI Number: 06-1233754 ☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	1.1 TITLE		☒ Change ☐ Addition
NAME	SALTOUN, MUNIR	1.2 NAME		
STREET ADDRESS	200 BROAD ST.	1.3 STREET ADDRESS	112 Prospect Street	
CITY-ST-ZIP	STAMFORD CT 06901	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE		☒ Change ☐ Addition
NAME	SALTOUN, MUNIR	2.2 NAME		
STREET ADDRESS	200 BROAD ST.	2.3 STREET ADDRESS	112 Prospect Street	
CITY-ST-ZIP	STAMFORD CT 06901	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Munir Saltoun Munir Saltoun, Pres. 3/13/95 203-967-4003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0303039 FP