

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 # **P92000004284 (5)**

1. Corporation Name

DACRA VICTOR CORP.



Principal Place of Business

Mailing Address

% VALDES-FAULI, COBB, BISCHOFF & KRISS PA
2 S. BISCAYNE BLVD., STE. 3400
MIAMI FL 33131-1897

230 5TH ST.
MIAMI BEACH FL 33139
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified 11/09/1992	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0389066	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**ROBINS, CRAIG
230 FIFTH ST.
MIAMI BEACH FL 33139**

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 607.0605, Florida Statutes.

SIGNATURE

Signature of principal officer or director or registered agent and his or her authorized representative

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	<input type="checkbox"/> DELETE	11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS		12.2 NAME	
12.3 CITY-STATE-ZIP		12.3 STREET ADDRESS	
12.4 TITLE	<input type="checkbox"/> DELETE	12.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME		21.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS		22.2 NAME	
12.7 CITY-STATE-ZIP		22.3 STREET ADDRESS	
12.8 TITLE	<input type="checkbox"/> DELETE	22.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME		31.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS		32.2 NAME	
12.11 CITY-STATE-ZIP		32.3 STREET ADDRESS	
12.12 TITLE	<input type="checkbox"/> DELETE	32.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME		41.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		42.2 NAME	
12.15 CITY-STATE-ZIP		42.3 STREET ADDRESS	
12.16 TITLE	<input type="checkbox"/> DELETE	42.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 NAME		51.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS		52.2 NAME	
12.19 CITY-STATE-ZIP		52.3 STREET ADDRESS	
12.20 TITLE	<input type="checkbox"/> DELETE	52.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.21 NAME		61.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 STREET ADDRESS		62.2 NAME	
12.23 CITY-STATE-ZIP		62.3 STREET ADDRESS	
12.24 TITLE	<input type="checkbox"/> DELETE	62.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this report 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 on the biennial 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 registered agent 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 to my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96 (305) 531-8200

CR2E034 (12/95)