

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED

Jan 21 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000021291 (8)

1. Corporation Name

VICTORIA'S SHOP INCORPORATED

Principal Place of Business

10350 WEST BAY HARBOR DRIVE
SUITE PH-N
BAY HARBOR ISLAND FL 33154

Mailing Address

P.O. BOX 398055
MIAMI BCH. FL 33239-8055

3. Date Incorporated or Qualified

03/23/1993

3a. Date of Last Report

08/15/1996

2. Principal Place of Business

21 10350 West Bay Harbor Dr.

2a. Mailing Address

26. P.O. BOX 398055

4. FEI Number

65-0395898

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite PH-N

Suite, Apt. #, etc.

27 Suite PH-N

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees

City & State

23 Bay Harbor Islands, Fl.

City & State

28 Miami Beach, Fl.

Zip

24 33154

Country

25 U.S.A.

Zip

29 33239-8055

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

CASTANEDA, CAROL
10350 WEST BAY HARBOUR DRIVE
SUITE PH 'N'
BAY HARBOUR ISLAND FL 33154

10. Name and Address of New Registered Agent

81 Name

CAROL CASTANEDA

82 Street Address (P.O. Box Number is Not Acceptable)

10350 West Bay Harbor Drive
Suite PH-N

83 City

Bay Harbor Islands

FL

85 Zip Code

33154

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)

1/9/97
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETENAME CASTANEDA CAROL
STREET ADDRESS 10350 WEST BAY HARBOUR DRIVE, SUITE PH 'N'
CITY - ST - ZIP MIAMI BEACH FL 33139TITLE President ☐ DELETENAME CAROL CASTANEDA
STREET ADDRESS 10350 West Bay Harbor Drive
CITY - ST - ZIP Suite PH-NTITLE Bay Harbor Islands, Fl. 33154 ☐ DELETENAME CAROL CASTANEDA
STREET ADDRESS 10350 West Bay Harbor Drive
CITY - ST - ZIP Suite PH-NTITLE Secretary ☐ DELETENAME CAROL CASTANEDA
STREET ADDRESS 10350 West Bay Harbor Drive
CITY - ST - ZIP Suite PH-NTITLE Bay Harbor Island, FL 33154 ☐ DELETENAME CAROL CASTANEDA
STREET ADDRESS 10350 West Bay Harbor Drive
CITY - ST - ZIP Suite PH-NTITLE ☐ DELETENAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President ☐ Change ☐ Addition12 NAME CAROL CASTANEDA
13 STREET ADDRESS 10350 West Bay Harbor Drive
14 CITY - ST - ZIP Suite PH-N21 TITLE Bay Harbor Islands, Fl. 33154 ☐ Change ☐ Addition22 NAME CAROL CASTANEDA
23 STREET ADDRESS 10350 West Bay Harbor Drive
24 CITY - ST - ZIP Suite PH-N31 TITLE Secretary ☐ Change ☐ Addition32 NAME CAROL CASTANEDA
33 STREET ADDRESS 10350 West Bay Harbor Drive
34 CITY - ST - ZIP Suite PH-N41 TITLE Bay Harbor Island, FL 33154 ☐ Change ☐ Addition42 NAME CAROL CASTANEDA
43 STREET ADDRESS 10350 West Bay Harbor Drive
44 CITY - ST - ZIP Suite PH-N51 TITLE ☐ Change ☐ Addition52 NAME ☐ Change ☐ Addition
53 STREET ADDRESS ☐ Change ☐ Addition
54 CITY - ST - ZIP ☐ Change ☐ Addition61 TITLE ☐ Change ☐ Addition62 NAME ☐ Change ☐ Addition
63 STREET ADDRESS ☐ Change ☐ Addition
64 CITY - ST - ZIP ☐ Change ☐ Addition

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

SIGNATURE:

CAROL CASTANEDA

CAROL CASTANEDA Sec./Pres. 1/9/97

305 358-4343

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0296091

CR2E034 (9/96)