

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000024919 (1)

1. Corporation Name

VICTORY TRADING ENTERPRISES, INC.

Principal Place of Business

P.O. BOX 1782
HALLANDALE FL 33008

Mailing Address

P.O. BOX 1782
HALLANDALE FL 33008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1993

4. FEI Number

65-0430205

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

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

10. Name and Address of New Registered Agent

STUPPER, NICHOLAS
3899 NW 7TH STREET
MIAMI FL 33125

Name

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

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 PS ☐ DELETE

NAME STUPPEL, NICHOLAS
STREET ADDRESS 3899 NW 7TH STREET
CITY-ST-ZIP MIAMI FL 33125

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1

1.2

1.3 SET ADDRESS

1.4 ST-ZIP

2.1

2.2

2.3 SET ADDRESS

2.4 ST-ZIP

3.1

3.2

3.3 SET ADDRESS

3.4 ST-ZIP

4.1

4.2

4.3 SET ADDRESS

4.4 ST-ZIP

5.1

5.2

5.3 SET ADDRESS

5.4 ST-ZIP

6.1

6.2

6.3 SET ADDRESS

6.4 ST-ZIP



Change



Addition



Change



Addition



Change



Addition



Change



Addition



Change



Addition



Change



Addition

14. I hereby certify that the information supplied with this filing does not qualify for 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; 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 in an attachment with an address.

SIGNATURE:

4-22-98

CR2E034 (10/97)