

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

97 JUN 17 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 993000054131
1. Corporation Name
VITORIA, INC

Principal Place of Business: **901 PONCE DE LEON STE 701 MIAMI FL 33134**
Mailing Address: **7601 E. TREASURE DR # 1023 N. BAY VILLAGE FL 33411**

REINSTATEMENT 96-97

2. Principal Place of Business: **7601 E. TREASURE DR Suite, Apt. #, etc. 1023 N. BAY VILLAGE FL 33141 USA**
2a. Mailing Address: **7601 E. TREASURE DR Suite, Apt. #, etc. 1023 N. BAY VILLAGE FL 33141 USA**

3. Date Incorporated or Qualified: **07/30/93**
3a. Date of Last Report: [Blank]
4. FEI Number: **65-0436783**
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:
**SOARES, JACQUELINE S.
7601 E. TREASURE DR # 1023
N. BAY VILLAGE, FL 33141**

10. Name and Address of New Registered Agent:
81 Name: **SOARES, JACQUELINE S**
82 Street Address (P.O. Box Number is Not Acceptable): **7601 E. TREASURE DR # 1023**
83 City: **N. BAY VILLAGE FL 33141**
84 City: **N. BAY VILLAGE FL** 85 Zip Code: **33141**

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 607.0501, Florida Statutes.

SIGNATURE: *Jacqueline Soares* - **JACQUELINE SILVA SOARES** DATE: **04/27/97**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	D MANOEL CARLOS DE MATTOS VIEIRA
STREET ADDRESS	13647 DEERING BAY DR # 122
CITY-ST-ZIP	MIAMI FL 33158
TITLE	<input type="checkbox"/> DELETE
NAME	UP MANOEL CARLOS DE MATTOS VIEIRA
STREET ADDRESS	13647 DEERING BAY DR # 122
CITY-ST-ZIP	MIAMI FL 33158
TITLE	<input type="checkbox"/> DELETE
NAME	T MANOEL CARLOS DE MATTOS VIEIRA
STREET ADDRESS	13647 DEERING BAY DR # 122
CITY-ST-ZIP	MIAMI FL 33158
TITLE	<input type="checkbox"/> DELETE
NAME	S MANOEL CARLOS DE MATTOS VIEIRA
STREET ADDRESS	13647 DEERING BAY DR # 122
CITY-ST-ZIP	MIAMI FL 33158
TITLE	<input type="checkbox"/> DELETE
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]
TITLE	<input type="checkbox"/> DELETE
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	[Blank]
1.3 STREET ADDRESS	[Blank]
1.4 CITY-ST-ZIP	[Blank]
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	[Blank]
2.3 STREET ADDRESS	000002215910--7
2.4 CITY-ST-ZIP	-06/18/97--01070--019
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	[Blank]
3.3 STREET ADDRESS	***915.00 ***915.00
3.4 CITY-ST-ZIP	[Blank]
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	[Blank]
4.3 STREET ADDRESS	[Blank]
4.4 CITY-ST-ZIP	[Blank]
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	[Blank]
5.3 STREET ADDRESS	[Blank]
5.4 CITY-ST-ZIP	[Blank]
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	[Blank]
6.3 STREET ADDRESS	[Blank]
6.4 CITY-ST-ZIP	[Blank]

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)(k), 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, on an attachment with an address.

SIGNATURE: *Manoel Vieira* DATE: **4/27/97** (305) 865-0727

CR2E034 (12/95)