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

**PROFIT** CORPORATION ANNUAL REPORT

1998

 I hereby certify that the informat indicated on this annual report of officer or director of the corpora officer or director Block 12 or Block



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P94000031153 (7)

ADVANCED VICTORY ASSOCIATES, INC. Principal Place of Business Mailing Address 420 LINCOLN RD. 15231 SW 154 AVE STE. 303 MIAMI FL 33187-5438 DO NOT WRITE IN THIS SPACE MIAN BEACH FL 33139 3. Date Incorporated or Qualified 04/25/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0481234 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be MIAWI Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\Boxed{\text{No}}\) No Zip 29 Personal Property Tax due June 30. 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name VARELA, HECTOR M 15231 SW 154 AVE 82 Street Address (P.O. Box Number is Not Acceptable) MIAM# FL 33187 83 84 Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, office or registered agent, or both, in the Sinte of Florida Such agent. I am (an) liar with, and accept the philipations of, Section ration submits this statement for the purpose of changing its registered VARELA **SIGNATURE** 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 TITLE DELETE 1.1 TITLE Change Addition NAME varela. Hector M 1.2 NAME STREET ADDRESS 15231 SW 154TH AVENUE 1.3 STREET ADDRESS MIAM! FL 33187-5438 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Addition Change NAME VARELA, CARMEN L JR. 2.2 NAME STREET ADDRESS 15231 SW 154TH AVENUE 2.3 STREET ADDRESS MIAMI FL 33187-5438 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CFTY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-7IP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP os not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in yaddress.

Ino