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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 28 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

1998

CITY - ST - ZIP

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DOCUMEN 1. Corporation Name Victor 2 Mailing Address Principal Place of Business 313 Palm AVE 313 Palm ave Hickory, FR 33010 Hallah, FC 33010 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 3/3 26 3/3 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Hialeah, FC Tholeas, 28 **Trust Fund Contribution** Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible USA ✓ Yes 29 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Elisa L. ZAYAS 1160 W 55 PZ 82 Street Address (P.O. Box Number is Not Acceptable) Michel 12 33012 83 84 City 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 familia with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** ful registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFNICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change ___ Addition TITLE 1.1 TITLE PRESIDENT 1.2 NAME NAME 29495 CUSA STREET ADDRESS 55 PL 1.3 STREET ADDRESS 1160 w FC 33412 1.4 CITY-ST-2IP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 31 TOTLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP CiTY+ST-7iP TITLE DELETE 4 1 THLE Change Addition 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP Hit . DELETE Change 6 LTITLE 900002541279 NAME 6.2 NAME -05/29/98--01099--026 STREET ADDRESS **6.3 STREET ADDRESS** ***150.00

6.4 CITY - ST - ZIP

14. I horeby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 changest, or on an attachment with an address.