

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

APPROVED AND FILED

05 MAY -1 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janet B. Watson
Tallahassee, Florida
904-912-2000

DOCUMENT # **P94000066702 (9)**

VICTORIA WELCH, INC.

Principal Office Address		Mailing Address	
124 PONCE DE LEON BLVD CORAL GABLES FL 33135		124 PONCE DE LEON BLVD CORAL GABLES FL 33135	
2. Federal Employer Identification No.	20. Mailing Address	4. FEI Number	Applied For
21	26	65-0519634	Not Applicable
22. State Agent # (if)	27. State Agent # (if)	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City, State	28. City, State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30
7. This corporation is not eligible for a discount fee under § 1350.001, Florida Statutes		8. This corporation is not eligible for a discount fee under § 1350.001, Florida Statutes	
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
TOCA, ISABEL 124 PONCE DE LEON BLVD CORAL GABLES FL 33135		B1	Name		
		B2	Street Address (P.O. Box Number is Not Applicable)		
		B3			
		B4	City	B5	Zip Code
			FL		

11. Pursuant to the provisions of Sections 607.0207 and 607.1504, 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 provisions of Sections 607.0207 and 607.1504, Florida Statutes.

SIGNATURE: *X Isabel Toa* (Registered Agent or authorized officer of the corporation) DATE: 3-31-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DPST TOCA, ISABEL 124 PONCE DE LEON BLVD CORAL GABLES FL 33135	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY, STATE		3. CITY, STATE	
NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5. STREET ADDRESS	
CITY, STATE		6. CITY, STATE	
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		8. STREET ADDRESS	
CITY, STATE		9. CITY, STATE	
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. STREET ADDRESS	
CITY, STATE		12. CITY, STATE	
NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. STREET ADDRESS	
CITY, STATE		15. CITY, STATE	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and equally for the corporation as stated in Sections 607.0207 and 607.1504, Florida Statutes. I further certify that the information supplied in 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 owner or authorized agent of the corporation, or the registered agent of the corporation, and that my name appears in Block 12 of this filing and in an affidavit with an address.

SIGNATURE: *X Isabel Toa (PRESIDENT)* DATE: 3-31-95 306 447-0722
ISABEL TOCA