

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000081338 (3)

1. Corporation Name

VICTORIA USA, INC.

Principal Place of Business

601 NE 39TH STREET STE. 332  
MIAMI FL 33137

Mailing Address

601 NE 39TH STREET STE. 332  
MIAMI FL 33137



2. Principal Place of Business

21 MIAMI - FL.

Suite, Apt. #, etc.

22 332

City & State

23 MIAMI - FL.

Zip

24 33137

Country

25 USA

2a. Mailing Address

26 601 NE-39th St

Suite, Apt. #, etc.

27 332

City & State

28 MIAMI - FL.

Zip

29 33137

Country

30 USA

3. Date Incorporated or Qualified

11/03/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0527953

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

FRANCA, CLOE M

601 NE 39TH STREET STE. 332

MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name CLADSON M.F DE ARAUJO

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

700 NE 26th TER. apt 602

83

84 City MIAMI - FL.

FL

85 Zip Code

33137

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]*

(NOTE: Registered Agent signature required when reinstating)

Feb 05/1996

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME FRANCA, CLOE M  
STREET ADDRESS 601 NE 39TH STREET STE. 332  
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ DELETE

V  
NAME DE ARAUJO, CLADSON M  
STREET ADDRESS 665 NE 63RD STREET STE. L-10  
CITY-ST-ZIP MIAMI FL 33137

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 05/96 (305)373-0520

Date

Daytime Phone #

CR2E034 (12/95)