

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000088980
 1. Corporation Name

OSVALDO R. VICTORERO, INC.

Principal Place of Business: 650 NE 64ST APT#6510 MIAMI, FLORIDA (33138)
 Mailing Address: 650 NE 64ST APT#6510 MIAMI, FLORIDA (33138)

21 650 NE 64 ST. Suite, Apt. #, etc. APT# 6510 City & State MIAMI, FLORIDA Zip 33138
 22 APT# 6510 City & State MIAMI, FLORIDA Zip 33138
 23 MIAMI, FLORIDA Zip 33138
 24 33138 Country 25
 26 650 NE 64 ST. Suite, Apt. #, etc. APT# 6510 City & State MIAMI, FLORIDA Zip 33138 Country 29 33138 30

3. Date Incorporated or Qualified: 1/3/95
 3a. Date of Last Report
 4. FEI Number: 65-0541209 Applied For Not Applicable
 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

10. Name and Address of New Registered Agent

AMERI LAWYER
 343 ALMERIA AVENUE, Coral Gables, FL, 33134

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0608, Florida Statutes.

SIGNATURE

Signature of the Corporation Registered Agent (Type name and title)

Signature of Registered Agent (Type name and title)

DATE

12. OFFICERS AND DIRECTORS
 1. TITLE: PRESIDENT
 2. NAME: OSVALDO VICTORERO
 3. STREET ADDRESS: 650 NE 64ST. APT# 6510
 4. CITY - ST - ZIP: MIAMI, FL 33138
 5. TITLE: [] DELETE
 6. NAME: [] DELETE
 7. STREET ADDRESS: [] DELETE
 8. CITY - ST - ZIP: [] DELETE
 9. TITLE: [] DELETE
 10. NAME: [] DELETE
 11. STREET ADDRESS: [] DELETE
 12. CITY - ST - ZIP: [] DELETE
 13. TITLE: [] DELETE
 14. NAME: [] DELETE
 15. STREET ADDRESS: [] DELETE
 16. CITY - ST - ZIP: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1. 1. TITLE: [] Change [] Addition
 2. 2. NAME: [] Change [] Addition
 3. 3. STREET ADDRESS: [] Change [] Addition
 4. 4. CITY - ST - ZIP: [] Change [] Addition
 5. 5. TITLE: [] Change [] Addition
 6. 6. NAME: [] Change [] Addition
 7. 7. STREET ADDRESS: [] Change [] Addition
 8. 8. CITY - ST - ZIP: [] Change [] Addition
 9. 9. TITLE: [] Change [] Addition
 10. 10. NAME: [] Change [] Addition
 11. 11. STREET ADDRESS: [] Change [] Addition
 12. 12. CITY - ST - ZIP: [] Change [] Addition
 13. 13. TITLE: [] Change [] Addition
 14. 14. NAME: [] Change [] Addition
 15. 15. STREET ADDRESS: [] Change [] Addition
 16. 16. CITY - ST - ZIP: [] Change [] Addition

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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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96 (305) 756-9078
 DATE: 6/12/96 DISTRICT PHONE #

CR2E034 (12/95)