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 # **P95000074170 (8)**

1. Corporation Name
VICTORY REALTY, INC.

Principal Place of Business
9370 SUNSET DRIVE SUITE A200
MIAMI FL 33373

Mailing Address
9370 SUNSET DRIVE SUITE A200
MIAMI FL 33373

3. Date Incorporated or Qualified: 09/26/1995
3a. Date of Last Report:

2. Principal Place of Business
21 100 ALMERIA AVE
Suite, Apt. #, etc.
22 suite # 230
City & State
23 CORAL GABLES, FL
Zip 24 33134 Country 25 DADE

2a. Mailing Address
26 100 ALMERIA AVE
Suite, Apt. #, etc.
27 suite # 230
City & State
28 CORAL GABLES, FL
Zip 29 33134 Country 30 DADE.

4. FEI Number: 65-0610242 — 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
ESPINOSA, RAFAEL A
9370 SUNSET DRIVE SUITE A200
MIAMI FL 33373

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 100 ALMERIA AVE suite # 230
83 CORAL GABLES
84 City: FL 85 Zip Code: 33134

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 of Registered Agent or Officer of Registered Agent Corporation — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	FARINAS, RALPH O	
STREET ADDRESS	9370 SUNSET DRIVE SUITE A200	
CITY-ST-ZIP	MIAMI FL 33373	
TITLE	D	☐ DELETE
NAME	FARINAS, RAFAEL A	
STREET ADDRESS	9370 SUNSET DRIVE SUITE A200	
CITY-ST-ZIP	MIAMI FL 33373	
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	100 ALMERIA AVE suite # 230	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	ESPINOSA, RAFAEL A.	
2.3 STREET ADDRESS	100 ALMERIA AVE suite 230	
2.4 CITY-ST-ZIP	Coral Gables, FL 33134	
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	600001890396	☐ Change ☐ Addition
5.2 NAME	-07/11/96--01013--036	
5.3 STREET ADDRESS	***200.00	
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: RALPH O FARINAS 3-29-96 (305)529-7740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)