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

Mailing Address

SUITE #230

100 ALMERIA AVE.

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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CORAL GABLES FL 33134

PROFIT CORPORATION ANNUAL REPORT

Country

9. Name and Address of Current Registered Agent

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ESPINOSA, RAFAEL A 100 ALMERIA AVE.

CORAL GABLES FL 33134

SUITE #230

Principal Place of Business

CORAL GABLES FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

100 ALMERIA AVE.

SUITE #230

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000074170 (8) VICTORY REALTY, INC.

FILED Feb 09 1998 8:00am DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/26/1995 4. FEI Number Applied For 65-0610242 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes □ Ño Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Change

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.

Country

81 Name

B2

83

84 City

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SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. DELETE TITLE 1.1 TITLE FARINAS, RALPH O 1.2 NAME NAME 100 ALMERIA AVE. SUITE #230 1.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33134** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE ESPINOSA, RAFAEL A NAME 2.2 NAME 100 ALMERIA AVE. SUITE #230 STREET ADDRESS 2.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TOTLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP Change Addition DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELFTE Change Addition 6.1 TITLE TITLE 6.2 NAME MALIF STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 changed, or on an attachment with an address

SIGNATURE: