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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000077252 (1)

1. Corporation Name

VICTORIA'S CLASSIC HOUSE INC.



Principal Place of Business

Mailing Address

~~16101 BISCAYNE BLVD.~~
~~AVANTI PLAZA #36~~
NORTH MIAMI FL 33160

~~16101 BISCAYNE BLVD.~~
~~AVANTI PLAZA #36~~
NORTH MIAMI FL 33160

2. Principal Place of Business

2a. Mailing Address

21 16123 Biscayne Blvd

26 16123 Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 AVANTI PLAZA

27 AVANTI Plaza

City & State

City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~FONSECA, VICTORIA D~~
19101 MYSTIC POINT DRIVE
APT. #2809
AVENTURA FL 33180

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

11. Pursuant to the provisions of Sections 607.0502 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

Oswaldo Fonseca
Signature of agent or printed name of registered agent and title if applicable

Oswaldo Fonseca
(NOTE: Registered Agent signature required when reinstating)

DATE
March 4-96.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	FONSECA, VICTORIA D	19101 MYSTIC PT. DR. APT. 2809	AVENTURA FL 33180	<input checked="" type="checkbox"/>
V	FONSECA, JOSEFINA	ACUARELA STREET #13	GUAYNABO PR 00969	<input checked="" type="checkbox"/>
ST	FONSECA, OSWALDO	19101 MYSTIC PT. DR. APT. 2809	AVENTURA FL 33180	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
	FONSECA, VICTORIA D.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
	FONSECA, OSWALDO			<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
	FONSECA JOSEFINA			<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Oswaldo Fonseca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Phone #

March 4-96 (305) 40-5488

CR2E034 (12/95)