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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

DOCUMENT # P96000051904

1. Corporation Name

VICTORIA L'ORIGINALE OF THE SOUTH, INC.

ncipal Place of I	business	Mailing Address								
N FEDERAL HW		215 N FEDERAL HWY HALLANDALE FL 33009								
FL 33	009	US					DO NOT \	WRITE IN THIS	SPACE	
		••				3. Date Incor	porated or Qual	ifed		
						06/18/1	,			
Dringinal Place	of Business	2a, Mailing Address				4. FEI Numb				Applied For
· — ·						65-0675				lot Applicable
<u></u>		26				03-0073) <u>240 </u>			Additional
Suite, Apt. #, et	tc.	Suite, Apt. #, etc.				5. Certificate	of Status Desire	d 🗆	7	Additional Required 🚓
	- 1 1 m	27				<u> </u>	•	<u> </u>		
City & State		City & State					ampaign Financ	ing 🗆	•	May Be
		28				Trust Fund	d Contribution	_	Added	to Fees
Zip	Country	Zip	Cor	untry		8. This corpo	oration owes the	current year Int		
	25	29	30			Personal f	Property Tax.		Yes	□No
9.	Name and Address of Current F	Registered Agent				10. Name and	d Address of No	w Registered	Ägent	
				81 N	Name					
APA, VIN	NCENZO					/B O B 41			_	
212 N. F	FEDERAL HWY.			82 5	Street Addre	ess (P.O. Box Nu	umber is Not Acc	eptable)		
	L 33004			83						
D, 11 11 1	2 0000			55				• • • •		
				84 (City				85 Zi	Code
	ne provisions of Sections 607.0502				•		. '	···FL	.	- i - i
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GNATURE Signs		und title if applicable. (NOT DIRECTORS	E: Registered	tutes. d Agent sk	e corporation	when reinstating)	S/CHANGES TO		ID DIRECT	
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6.4 CITY-ST-ZIP - ST ZIP I hereby 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 of an attachment with an address, with all other like empowered.

LADORUSS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Secretary of State

03-25-1999 90035 001 ***150.00

Mar 25, 1999 8:00 am

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