PROFIT CORPORATION ANNUAL REPORT

199

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

FILED
Sep 05 1997 8:00am
Secretary of State

DOCUMENT # P96000092482 **(4)**

1. Corporation Name

ALL Victory, Inc.

Principal Place of Business	Mailing Address
2000 Island Blvd. Unit 304 North Miami Beach, Fl. 33180	2000 Island Blvd. Unit 304 North Miami Beach, Fl. 33180

3. Date Incorporated or Qualified: 11/12/1996	3a. Date of Last Report:
4. FEI Number	☒ 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	

2. Principal Place of Business	2a. Mailing Address
21 19701 E. Country Club Dr.	26 1235 Alton Rd.
22 Suite 608	27 Suite A
23 Aventura, Fl.	28 Miami Beach, Fl.
24 Zip 33180 25 Country	29 Zip 33139 30 Country

9. Name and Address of Current Registered Agent

Parizzi, Sonia
2000 Island Blvd.
Unit 304
North Miami Beach, Fl. 33180

10. Name and Address of New Registered Agent

81 Name: Parizzi, Sonia
82 Street Address (P.O. Box Number is Not Acceptable): 19701 E. Country Club Dr.
83: Suite 608
84 City: Aventura FL 85 Zip Code: 33180

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 _____ 8/25/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P&D ☐ DELETE	1.1 TITLE	P&D ☒ Change ☐ Addition
NAME	Parizzi, Sonia	1.2 NAME	Parizzi, Sonia
STREET ADDRESS	2000 Island Blvd. Unit 304	1.3 STREET ADDRESS	19701 E. Country Club Dr. Suite 608
CITY-ST-ZIP	North Miami Beach, Fl. 33180	1.4 CITY-ST-ZIP	Aventura, Fl. 33180
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	PE 9.5
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	600002286550
STREET ADDRESS		6.3 STREET ADDRESS	-09/08/97--01004--034
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***558.75

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)(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: _____ 8/25/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #