## FILED

03 JUL 14 PM 10: 15

VICTRADING OFREIGHT FORWARDER, INC SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 800021134078 06/25/03--01056--088 \*\*150.00 3. Mailing Address 2011 NW 70AV 2. Principal Place of Business 2011 NW Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE TITLE BENALCAZAR, OSCAR 100021567481 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 2011 NW 70AU CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME

12. 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 report or supplemental 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 10 or on an attachment with an address, with alf other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

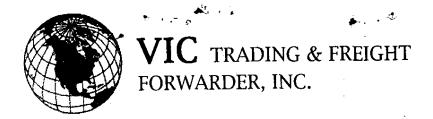
FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050

6/19/03 305 4777 7857

Daytime Phone #

CR2E034B (12/02)



Miami, June 12,2003

DIVISION OF CORPORATION FOR PROCESSING AND FILING PO BOX 6327 TALLAHASSEE, FL., 32314

RE: P97000054776

Secretary of State,

Gentlemen,

Enclosed is uniform year form 2003. Due to change of address we have not received the original. We kindly request abatement of penalties.

Elsa L Sala

General Manager

VIC TRADING AND FREIGHT FORWARDER INC

FEI# 65-0764906

NEW ADDRESS: 2011 N.W.  $70^{TH}$  AV. MIAMI,FL., 33122

PHONE: 305-477-7857, FAX: 305-477-2294