

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90012 041 ***150.00

DOCUMENT # P97000080818

1. Corporation Name
VICTORIA ON THE BEACH, INC.

Principal Place of Business
C/O ROSS H. MANELLA P.A.
2500 HOLLYWOOD BLVD., STE. 212
HOLLYWOOD FL 33020

Mailing Address
C/O ROSS H. MANELLA P.A.
2500 HOLLYWOOD BLVD., STE. 212
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/17/1997

4. FEI Number
65-0791420

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 JENSEN BEACH FL

28 JENSEN BEACH FL

24 Zip Country

29 Zip Country

25 34957

30 34957

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANELLA, ROSS
C/O ROSS H. MANELLA P.A.
2500 HOLLYWOOD BLVD., STE. 212
HOLLYWOOD FL 33020

81 Name
Patrick Vivies CPA
82 Street Address (P.O. Box Number is Not Acceptable)
700 E. Dania Beach Blvd. #202
83
84 City
Dania FL 85 Zip Code
33004

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

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
NAME AMOROSO, ANNE M
STREET ADDRESS 902 NE 20TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33304

1.1 TITLE P
1.2 NAME GARETH OJEDA
1.3 STREET ADDRESS 10867 S OCEAN DR
1.4 CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE VPST
NAME VION, JEAN A
STREET ADDRESS 902 NE 20TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33304

2.1 TITLE S
2.2 NAME CARLOS OJEDA
2.3 STREET ADDRESS 10867 S. OCEAN DR.
2.4 CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE TVP
3.2 NAME PAHELA OJEDA
3.3 STREET ADDRESS 10867 S OCEAN DR
3.4 CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)