**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000016633

B.L. VICTORIA'S IMPORT & EXPORT, INC.

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90047 041 \*\*\*150.00



	<i>;</i> :									
Principal Place of Business Mailing Address							Liftiffft (in ifter sein num annt ante acut atie	MATERIAL PROPERTY.		
4100 S.W. 153F	RD TERRACE		53RD TERRACE	}		1				
MIRAMAR FL 33027 MIRAMAR FL 33027						- 1	DO NOT WRITE IN THIS SPACE			
						-	3. Date incorporated or Qualifed			1
							02/19/1998			l
2. Principal P	lace of Business	Za. Malling	Address			$\overline{}$	·	Ap	plied For	1
21	1000 07 2-577600	26				]	65-0868938	<u> </u>	t Applicable	1
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			$\neg \uparrow$	5. Certificate of Status Desired	\$8.75		
22							5. Certificate of Status Desired	Fee Ra	quired	ļ
City & Stat	le '		City & State			: احتــــــــــــــــــــــــــــــــــــ	8. Election Campaign Financing	\$5.00		. ==
23		28		Country			Trust Fund Contribution	Added t	C rees	1
Zip	Country	— <u> </u>	30	Country		8. This corporation owes the current year intangible Personal Property Tax.		€ZNo	l	
24	9 Name and Address	29   ss of Current Registered A(		_		10. Name and Address of New Registered Agent				
	3. Namo and Addres	of Californ Notice 14		81	Name					
VICT	ORIA, RAFAEL L			82	Pierre	Add	(D.O. Boy Number is Not Assentable)			1
4100	) S.W. 153RD TERRAC	Œ		182	Street	MOUTES	(P.O. Box Number is Not Acceptable)			•
MIRA	MAR FL 33027			83						1
				84	City			85 Zip (	code	1
	•			1.	City		<u>Fi</u>	_   -   '		
11. Pursuant	to the provisions of Secti	ons 607.0502 and 607.1508,	Florida Statutes, the	above	-named	corporat	ion submits this statement for the purpose of board of directors. I hereby accept the appoint	changing its	registered distered	l
egent. I a	egistered agent, or both, in familiar with, and acce	pt the obligations of, Section	607.0505, Florida S	talutes		0.01011.0	board of graduates, y notably bootspit and opposit	-100	,	ĺ
SIGNATURE	T K	fail thato	2_>-				<u> </u>	177		۱_
12,	Signature, typed or printed name	of physician all agent and site of applicable.	(NOTE: Regist	IS.	A MONBOUR !	ednaed wa	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	CR2E034 (11/98)
TITLE	PTD			1 TITLE		1		Change	Addition	Ξ
NAME	VICTORIA, RAFAEL	L	1.	2 NAME		Ì				8
STREET ADDRESS	4100 S.W. 153RD T		1.3 577		ADDRESS	l				i iii
CITY-ST-ZIP	MIRAMAR FL 33027			4 CITY-S	r-20P	l				12
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STREET ADDRESS			. 2	) STREET	ADDRESS	٠				ĺ
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CITY-ST-ZEP				4, CITY-8	T-ZIP	<del> </del> -		Change	Addition	
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NAME					ADORESS					l
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CITY-ST-ZIP				TITLE	- (4	<del> </del> -		Change	Addition	ı
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0774 OT 70			6.	4 CITY- 51	- ZIP	<u> </u>				İ
CITY-ST-ZIP								that the ir		

Thereby 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:	CICL	LATI	unc.
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