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

DOCUMENT # P98000091863

1. Corporation Name VIC ALE INC.

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Aug 05, 1999 8:00 am Secretary of State

08-05-1999 90010 003 ***550.00

* *	·				
Principal Place of Business	Mailing Address		+ IBBIIBAL 158 IB/81 (A)(1) Botst bæfti omitt da		
131 MADEIRA AVE CORAL GABLES FL 33134 131 MADEIRA AVE CORAL GABLES FL 33134			DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed 10/28/1998		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 9495 SW 112 St.	26		15-0874232	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 Miami Florida	City & State .		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 24 33176 25 20 U.S.	Zip Cc	ountry	This corporation owes the current year Personal Property Tax.	Intangible □ Yes □ No	
9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent	
CONTRERAS, GILBERT ESQ 1401 PONCE DE LEON BLVD., PH I CORAL GABLES FL 33134		81 Name 82 Street Address (P.O. Box Number is Not Acceptable)			
COUNT ONDIES IT 33134		83			

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· '			Çi	FL 85 Zip	Joae					
44 Durana A	the annulations of Continue CO7 0502 and CO7 1509. Florida Statutes th	n obove			registered					
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 Statute's.										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE										
12.		3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO						
TITLE]	D DELETE 1	1 TITLE		☐ Change	Addition					
NAME	PRATS SHELTON, GEORGINA	2 NAME		Í						
STREET ADDRESS	131 MADEIRA AVE	3 STREE	TADO	RESS	j					
CITY-ST-ZIP		4 CITY-S	T-ZIP		<u>-</u>					
TITLE	Director/ President DELETE 2	1 TITLE		☐ Change	Addition					
NAME		2 NAME			· 1					
STREET ADDRESS	9495 SW 112 STIEBT	3 STREE	T ADDI	RESS	1					
CITY-\$T-ZIP	Miumi Fl. 33176	4 CITY- S	T-ZIP							
TITLE	☐ DELETE 3	1 TITLE	_	Change	☐ Addition					
NAME	3	2 NAME								
STREET ADDRESS	3	3 STREE	T ADOF	RESS	}					
CITY-ST-ZIP	3	4. CITY-S	T-ZIP							
TITLE	☐ DELETE 4	1 MLE		☐ Change	☐ Addition					
NAME		2 NAME								
STREET ADDRESS		3 STREET	i addi	RESS						
CITY-ST-ZIP		4 CITY-S	T- <i>ZI</i> ₽_							
TITLE	DELETE 5	1 TITLE		☐ Change	☐ Addition					
NAME	5	2 NAME			J					
STREET ADDRESS	.5	3 STREET	T ACO	RESS	Ì					
CITY-ST-ZIP	5	4 CITY-S	T-ZIP							
TITLE	☐ DELETE 6	1 TITLE		☐ Change	☐ Addition					
NAME		2 NAME			}					
STREET ADDRESS	6	3 STREET	T ADDR	RESS						
CITY-ST-ZIP	6	4 CITY-S	T-ZIP							
14 barabu a	artify that the information expedied with this filing done not available for the	vomnti	ion c	tated in Section 119.07(3)(i). Florida Statutes, I further certify that the i	oformation					

indicated on this annual report or supplied with this fitting does not quality for the exemption stated in Section 139.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 of the eceiver 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 changes, or han appears with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR