


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

FILED  
Aug 05, 1999 8:00 am  
Secretary of State

08-05-1999 90010 003 \*\*\*550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000091863</b>					
1. Corporation Name <b>VIC ALE INC.</b>					
Principal Place of Business <b>131 MADEIRA AVE CORAL GABLES FL 33134</b>			Mailing Address <b>131 MADEIRA AVE CORAL GABLES FL 33134</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>9495 SW 112 St.</b>		26		10/28/1998	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 <b>Miami Florida</b>		28 <b>Miami Florida</b>		65-0874232	
24 <b>33176</b>		25 <b>U.S.</b>		29	
26		27		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>CONTRERAS, GILBERT ESO 1401 PONCE DE LEON BLVD., PH I CORAL GABLES FL 33134</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			<b>FL</b>		
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					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/99 (305) 442-1942  
Date Daytime Phone #

CR2E034 (11/98)

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