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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S98005

(9)

J.P.F. VICTORIA CORP.

Secretary of State

FILED

Apr 29 1998 8:00am

J.F.F.	VICTORIA CORP.					
Principal Plac	ce of Business	Mailing Address			I 1800 \$fiq 110 1010 1011 0011 001 011 011	B 1811 B 1811 B 1811 B 1811 B 1811 B 81
O/O KTG&S REGISTERED AGENT CORP. 8281 LA RAMDA STREET						
1401 BRICKELL AVENUE. SUITE #700 CORAL GABLES FL 33143						WA AD LOS
MIAMI FL 33131 US					DO NOT WRITE IN TH	IIS SPACE
					3. Date Incorporated or Qualified 12/05/1991	
2. Principal Place of Business 2a, Mailing Address			 		4. FEI Number	Applied For
21		26		65-0308101	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Z _i p	Country	/	8. This corporation owes or has paid the	current year Intangible
24	25 9. Name and Address of Curre	29 ent Registered Agent	[30]		Personal Property Tax due June 30. 10. Name and Address of New Register	
KTG&\$ REGISTERED AGENT CORPORATION				Name		
	01 BRICKELL AVENUE	" OIMION	82	Chron Addr	ess (P.O. Box Number is Not Acceptable)	
1	E. #700		62	Street Addre	ess (P.O. Box Number is Not Acceptable)	
1	AMI FL 33131		83			
İ			84	City		. 85 Zip Code
				1		' L
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 typical or protect name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
12,		Gentrand DIRECTORS	13,	ent signature require	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PST	DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change ☐ Addition
NAME	FERRER, JOSE P., M.D.		1.2 NAME			
STREET ADDRESS	8281 LA RAMPA ST		1.3 STREET	ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP			
TITLE	-		2.1 TITLE			☐ Change ☐ Addition
NAME	FERRER, JOSE P., M.D.		2.2 NAME			
STREET ADDRESS	8281 LA RAMPA ST CORAL GABLES FL		2.3 STREET			
CITY-ST-ZIP TITLE			2. 4 CITY-ST-ZIP DELETE 3.1 TITLE			Change Addition
NAME	Dette					☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME 3.3 STREET	ADDRECC		
CITY-ST-ZIP			3.4. CITY-			
TITLE			4.1 TITLE	31-51		☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	IT-ZIP		
TITLE		☐ DELETÉ	5.1 TITLE		1	☐ Change ☐ Addition
NAME			5.2 NAME		V II ale	
STREET ADORESS			5 3 STREET	ADDRESS	30 4121	
CITY-ST-ZIP		T poiese	54 CITY-S	I - ZIP		
TITLE		☐ DELETE	61 TITLE	,	8000025059 -04/29/9801073	hange Addition
NAME OTREET ADDRESS			62 NAME	Labores	-04/29/9801073	032
STREET ADDRESS			6.3 STREET		***150.00	
CITY-ST-ZIP			6.4 C/TY - S	I-ZIP		

14. 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 logal effect as if made under oath; that I am an officer or director of the occiver annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the occiver annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the occiver annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the occiver annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the occiver annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the occiver annual report is true and accurate and that my signature shall have the same logal effect as if we have the same logal ef
