


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

FILED

Feb 07 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																									
<b>DOCUMENT # V00839 (3)</b> 1. Corporation Name <b>R.G.S. VICTORIA CORP.</b>																													
Principal Place of Business <b>1441 SW 1ST ST MIAMI FL 33135 US</b>			Mailing Address <b>1441 SW 1ST ST MIAMI FL 33135-2202 US</b>																										
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>12/17/1991</b> 3a. Date of Last Report <b>01/31/1996</b> 4. FEI Number <b>65-0319863</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																									
9. Name and Address of Current Registered Agent <b>GARCIA-SARQUIZ, ROBERTO 1441 SW 1ST ST MIAMI FL 33135</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code																										
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PDS</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>GARCIA-SARQUIZ, ROBERTO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1441 SW 1ST ST.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI FL</td> <td></td> </tr> </table>			TITLE	PDS	<input type="checkbox"/> DELETE	NAME	GARCIA-SARQUIZ, ROBERTO		STREET ADDRESS	1441 SW 1ST ST.		CITY - ST - ZIP	MIAMI FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">1.1 TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>1.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME			1.3 STREET ADDRESS			1.4 CITY - ST - ZIP		
TITLE	PDS	<input type="checkbox"/> DELETE																											
NAME	GARCIA-SARQUIZ, ROBERTO																												
STREET ADDRESS	1441 SW 1ST ST.																												
CITY - ST - ZIP	MIAMI FL																												
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
1.2 NAME																													
1.3 STREET ADDRESS																													
1.4 CITY - ST - ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">T</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>GARCIA-SARQUIZ, ROBERTO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1441 SW 1ST ST.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI FL</td> <td></td> </tr> </table>			TITLE	T	<input type="checkbox"/> DELETE	NAME	GARCIA-SARQUIZ, ROBERTO		STREET ADDRESS	1441 SW 1ST ST.		CITY - ST - ZIP	MIAMI FL		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">2.1 TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> DELETE																											
NAME	GARCIA-SARQUIZ, ROBERTO																												
STREET ADDRESS	1441 SW 1ST ST.																												
CITY - ST - ZIP	MIAMI FL																												
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
2.2 NAME																													
2.3 STREET ADDRESS																													
2.4 CITY - ST - ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">3.1 TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
3.2 NAME																													
3.3 STREET ADDRESS																													
3.4 CITY - ST - ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">4.1 TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
4.2 NAME																													
4.3 STREET ADDRESS																													
4.4 CITY - ST - ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">5.1 TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
5.2 NAME																													
5.3 STREET ADDRESS																													
5.4 CITY - ST - ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">6.1 TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
6.2 NAME																													
6.3 STREET ADDRESS																													
6.4 CITY - ST - ZIP																													

14. I do 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 receiver or trustee empowered to execute this report as required by law; and that my name appears in Block 12 or 13, or of an addressee with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-649-8441

CR2E034 (9/96)