

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V10678** (3)

1. Corporation Name

VICTORIA A. VILCHEZ ATTORNEY AT LAW, P.A.
Victoria Vilchez-Sinclair, P.A.

Principal Place of Business

**1601 BELVEDERE RD
SUITE 209 SOUTH
WEST PALM BEACH FL 33406**

Mailing Address

**1601 BELVEDERE RD
SUITE 209 SOUTH
WEST PALM BEACH FL 33406**



3. Date Incorporated or Qualified
01/30/1992

3a. Date of Last Report
01/18/1995

2. Principal Place of Business

2a. Mailing Address

21 105 South Narcissus Ave

26 105 South Narcissus

4. FEI Number

65-0310959

Applied For

Not Applicable

22 Suite 710

27 Suite 710

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 West Palm Beach, FL

28 West Palm Beach, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 33401

25

29 33401

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VILCHEZ, VICTORIA A.
1601 BELVEDERE RD
SUITE 209
WEST PALM BEACH FL 33406**

81 Name Vilchez-Sinclair, Victoria
82 Street Address (P.O. Box Number is Not Acceptable)
105 South Narcissus Avenue
83 Suite 710
84 City West Palm Beach, FL **85 Zip Code 33401**

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

Victoria Vilchez-Sinclair
Signature, typed or printed name of registered agent and title if applicable

Victoria Vilchez-Sinclair
(NOTE: Registered Agent signature required when reinstating)

4/15/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSTD** ☐ DELETE
NAME **VILCHEZ, VICTORIA A.**
STREET ADDRESS **1601 BELVEDERE RD., #209 SOUTH**
CITY-ST-ZIP **WEST PALM BEACH FL**

1.1 TITLE **Same** ☒ Change ☐ Addition
1.2 NAME **Vilchez-Sinclair, Victoria**
1.3 STREET ADDRESS **105 South Narcissus Ave, Suite 710**
1.4 CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Victoria Vilchez-Sinclair
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 **(407) 659-1200**
Date: Daytime Phone #

CR2E034 (12/95)