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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V64349 (6)
1. Corporation Name
VICTORY TRADE INTERNATIONAL, CORP

Principal Place of Business	Mailing Address
7225 N.W. 25TH ST. STE #115 MIAMI FL 33122	7225 N.W. 25TH ST. STE #115 MIAMI FL 33122

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/16/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0355375	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 8181 NW 36th ST. # 25 B Suite, Apt. #, etc.	2a. Mailing Address 26 8181 NW 36th ST. # 25 B Suite, Apt. #, etc.
22 City & State 23 Miami -Fl- 33166 Zip Country 24 33166 25 USA	27 City & State 28 Miami - Fl - 33166 Zip Country 29 33166 30 USA

9. Name and Address of Current Registered Agent
**POPP, WALTER G.
231 174ST
#912
NORTH MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 607.0605, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	POPP, WALTER G.
STREET ADDRESS	231 174ST ST., #912
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/ POPP, WALTER G.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	9935 NW 46th ST # 108	
1.3 STREET ADDRESS	Miami -Fl - 33178	
1.4 CITY-ST-ZIP		
2.1 TITLE	VP/ POPP, EVELYN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	9935 NW 46th ST # 108	
2.3 STREET ADDRESS	Miami -Fl - 33178	
2.4 CITY-ST-ZIP		
3.1 TITLE	S/ DE SORDI, MAURO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	9935 NW 46th ST # 108	
3.3 STREET ADDRESS	Miami -Fl - 33178	
3.4 CITY-ST-ZIP		
4.1 TITLE	T/ DE SORDI, SELMA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	9935 NW 46th St # 108	
4.3 STREET ADDRESS	Miami- Fl - 33178	
4.4 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		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	\$9 1137	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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. 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 the attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mon/Year