

APPROVED

AND FILED

95 APR 21 AM 9:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V69708 (8)

VICTORIA DEVELOPMENT, INC.

Principal Place of Business
C/O DAVID KASSAB
9001 COLLINS AVE. APT 85
BAL HARBOUR FL 33154
US

Mailing Address
C/O DAVID KASSAB
9001 COLLINS AVE. APT 85
BAL HARBOUR FL 33154
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28
29

3. Date Incorporated or Qualified
10/08/1992

3a. Date of Last Report
03/31/1994

4. FEI Number
65-0362071

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. This corporation is liable for interjurisdictional tax under S. 129.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERLMAN AND FABER, PA
799 BRICKELL PLAZA, STE 900
MIAMI FL 33131

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **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
Signature, typed or printed name of registered agent and title / applicant. (NOTE: Registered Agent signature required when constituting) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPTS**
NAME **KASSAB, DAVID**
STREET ADDRESS **9001 COLLINS AVE, APT 85**
CITY - ST - ZIP **BAL HARBOUR FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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

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

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

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 furnished 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; that I am an officer or director of the corporation; and that I am authorized to execute this report as provided by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or in a supplemental report with an address.

SIGNATURE:

4/18/95

305-534-4721

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Month/Day/Year) Telephone (Area Code) Number