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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V69708

(8)

VICTORIA DEVELOPMENT, INC.

FILED
Mar 24 1997 8:00am
Secretary of State

Principal Plane	of Business	Mailing Address				3 (62); 0 (10)0 # (10) (00) (00) (00) # FENOT (00) # SENOT BROW BROW BROW BROW BROW BROW BROW BROW				
C/O DAVID KASSAB 9801 COLLINS AVE. APT 85 BAL HARBOUR FL 33154		407 LINCOLN RD. STI	C/O DAVID FELDMAN 407 LINCOLN RD. STE 701 MIAMI BEACH FL 33139-3020							
US		US				3. Date Incorporated or Qualified 10/08/1992	3a. Dat 08/1	e of Last 2/1996	Report	
2. Principal Pa 21	ace of Business	2a. Mailing Address				4, FEI Number 65-0362071			Applied For Not Applicable	
Suite, Apt	#, &tc	Suite, Apt #, etc.				5. Certificate of Status Desired			Additional Regulred	
City & State	3	City & State				6. Election Campaign Financing) Мау Ве	
23 Zip	Country	28	Cou	intry		Trust Fund Contribution 8. This corporation has liability for interest to the component of	L)		to Fees	
24	25	29	30				~ —	No	a 135.00£,	
	g. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Regi	istered A	gent		
	OMAN, DAVID			81	Name					
	LINCOLN RD. TE 701			82	Street Add	dress (P.O. Box Number is Not Acceptable	9)			
	MI BEACH FL 33139			83						
				84	City			85 Zip	Code	
						rporation submits this statement for the pu	FL	<u> </u>		
SIGNATURE		AND DIRECTORS	13.		ent signature req	uired when renstating) ADDITIONS/CHANGES TO OFFICE				
THE	DPTS Kassab, David	DELETE				•		Change	Addition	
NAME STREET ADDRESS	9801 COLLINS AVE, APT 8	5	12 N		ADORESS					
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NAME			2.2 N	AME	ļ					
STREET ADDRESS					ADDRESS					
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NAME CORECT ANDRESS			6? N		ADDRESS [
STREET ADDRESS: CITY - ST- ZIP					ADDRESS 61 - ZIP					
44 I do Ford	and exercise that they information core	also with the films does not				ed in Section 119 07/3Vi) Florida Statutes	Liturthar	cortifu the	at the	

). Loo rereby 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 configuration 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 3 if change), or on an attachment with an address.

SIGNATURE:

CHILD THE STATE OF THE STATE OF DIRECTOR DIRECTOR

3/17/97

Daytime Phone #