

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V71725** (8)
1. Corporation Name
VICTORIAN ENTERPRISES, INC.



Principal Place of Business
**1752 S. SR 7
N LAUDERDALE FL 33068**

Mailing Address
**1655 SO SR 7
N LAUDERDALE FL 33068
US**

2. Principal Place of Business
21 **3000 W. OAKLAND PARK BLVD**
Suite, Apt #, etc.
22
City & State
23 **LAUDERDALE FL**
Zip
24 **33311** Country
25 **USA**

2a. Mailing Address
26 **50 AFFORDABLE FINANCE**
Suite, Apt #, etc.
27 **705 S. STATE ROAD 7**
City & State
28 **MARGATE FL**
Zip
29 **33068** Country
30 **USA**

3. Date Incorporated or Qualified
10/16/1992

3a. Date of Last Report
07/07/1995

4. FEI Number
65-0363167

Applied For
Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

**JONES, DAVID J
1655 SOUTH STATE ROAD 7
NORTH LAUDERDALE FL 33068**

10. Name and Address of New Registered Agent

81 Name
LAZARO SPIRO

82 Street Address (P.O. Box Number is Not Acceptable)
2871 NE 18TH ST

83

84 City
POMPANO BEACH FL 85 Zip Code
33062

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 if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
|-------|-----------------|--------------------------|---------------------|--|
| DP | LAZARO, SPIRO | 1669 SOUTH STATE ROAD 7 | N LAUDERDALE FL | <input type="checkbox"/> |
| V | MARTINEZ, HENRY | 1665 SOUTH STATE ROAD #7 | NORTH LAUDERDALE FL | <input checked="" type="checkbox"/> DELETE |
| ST | JONES, DAVID J | 1665 SOUTH STATE ROAD 7 | NORTH LAUDERDALE FL | <input checked="" type="checkbox"/> DELETE |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change | Addition |
|-----------|-------------------|--------------------|--------------------------|--------------------------|-------------------------------------|
| V | LAZARO WENDY | 2871 NE 18TH ST | POMPANO BEACH, FL, 33062 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ST | AMANNA, PANAGIOTA | 6730 KIMBERLY BLVD | N. LAUDERDALE, FL, 33068 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

(Signature, typed or printed name of signing officer or director)

DATE

Daytime Phone #

7/11/96 (954) 974-3313
Ft 12

CR2E034 (3/96)