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May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 730796

1. Corporation Name

LIRIO DE LOS VALLES, INC.

Principal Place of Business / Mailing Address

4331 N.W. 185TH STREET
CAROL CITY, FLORIDA 33055

3. Date Incorporated or Qualified: 09-26-1974
3a. Date of Last Report: 05-15-96

2. Principal Place of Business (21): 4080 N.W. 165TH STREET
Suite, Apt. #, etc. (22):
City & State (23): OPA LOCKA, FLORIDA
Zip (24): 33054 Country (25):

2a. Mailing Address (26): 6117 N.W. 171ST STREET
Suite, Apt. #, etc. (27):
City & State (28): MIAMI LAKES, FLORIDA
Zip (29): 33015 Country (30):

4. FEI Number: 65-0072173 ☐ 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

TOMAS, SOTO
4331 N.W. 185TH STREET
CAROL CITY, FLORIDA 33055

10. Name and Address of New Registered Agent

81 Name: TRUJILLO, ELIZABETH
82 Street Address (P.O. Box Number is Not Acceptable): 6117 N.W. 171ST STREET
83
84 City: MIAMI LAKES, FL 85 Zip Code: 33015

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Trujillo 5-1-97
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TOMAS, SOTO 4331N.W. 185TH STREET CAROL CITY, FLORIDA 33055	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D RODRIGUEZ, MARTHA 19840 N.W. 43RD COURT MIAMI, FLORIDA 33055	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TRUJILLO, ANA 4310 N.W. 185TH STREET CAROL CITY, FLORIDA 33055	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GARCELL, ELIZABETH 18441 N.W. 43RD COURT CAROL CITY, FLORIDA 33055	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T TRUJILLO, ELIZABETH 6117 N.W. 171ST STREET MIAMI LAKES, FLORIDA 33015	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUVAL, HARVIE 1680 N.E. 131ST STREET NORTH MIAMI, FLORIDA 33181	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	( )	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D PALACIOS, OBDULIA 18126 N.W. 35TH COURT MIAMI, FLORIDA 33055	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	300002201513 -06/04/97--01069--012 ***70.00	☐ Change ☐ Addition

5/21/97

CR2E037 (9/96)

14. I do hereby 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 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: Martha Rodriguez 5-1-97 (305)625-2912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #