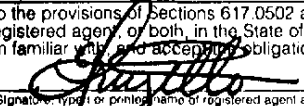
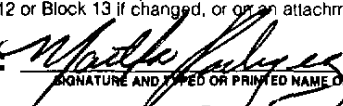


FILE NOW: FILING FEE IS \$61.25

FILED
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					
2. Principal Place of Business			2a. Mailing Address		3. Date incorporated or Qualified
21 4080 N.W. 165TH STREET			26 6117 N.W. 171ST STREET		09-26-1974
Suite, Apt. #, etc.			Suite, Apt. #, etc.		3a. Date of Last Report
22			27		05-15-96
City & State			City & State		4. FEI Number
23 OPA LOCKA, FLORIDA			28 MIAMI LAKES, FLORIDA		65-0072173
Zip			Zip		Applied For
24 33054			29 33015		Not Applicable
Country			Country		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			10. Name and Address of New Registered Agent		
TOMAS, SOTO 4331 N.W. 185TH STREET CAROL CITY, FLORIDA 33055			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			MIAMI LAKES, FL 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 					DATE 5-1-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	TOMAS, SOTO		1.2 NAME	RODRIGUEZ, MARTHA	
STREET ADDRESS	4331 N.W. 185TH STREET		1.3 STREET ADDRESS	19840 N.W. 43RD COURT	
CITY-ST-ZIP	CAROL CITY, FLORIDA 33055		1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33055	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TRUJILLO, ANA		2.2 NAME		
STREET ADDRESS	4310 N.W. 185TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAROL CITY, FLORIDA 33055		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	GARCELL, ELIZABELL		3.2 NAME	TRUJILLO, ELIZABETH	
STREET ADDRESS	18441 N.W. 43RD COURT		3.3 STREET ADDRESS	6117 N.W. 171ST STREET	
CITY-ST-ZIP	CAROL CITY, FLORIDA 33055		3.4 CITY-ST-ZIP	MIAMI LAKES, FLORIDA 33015	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DUVAL, HARVIE		4.2 NAME		
STREET ADDRESS	1680 N.E. 131ST STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FLORIDA 33181		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D	☒ Change ☒ Addition
NAME			5.2 NAME	PALACIOS, OBDULIA	
STREET ADDRESS			5.3 STREET ADDRESS	18126 N.W. 35TH COURT	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	MIAMI, FLORIDA 33055	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	300002201513	
STREET ADDRESS			6.3 STREET ADDRESS	-06/04/97--01069--012	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***70.00	
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: 					DATE: 5-1-97 (305)625-2912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Daytime Phone #

CR2E037 (9/96)