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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L31909

1. Corporation Name

VAIL VAL	LEY SALVAGE CORPORAT	TION	•				
Principal Place	of Business	Mailing Address			[i tëti Mihir atali atali atali atali 1	DIBIL AIRIC IAR:
% MARK RUBIN % MA 777 ARTHUR GODFREY RD. 4TH FLOOR 777 A		% MARK RUBIN 777 ARTHUR GODFREY RD.	MARK RUBIN 77 ARTHUR GODFREY RD. 4TH FLOOR		DO NOT WOLT	THE SPACE	
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 11/20/1989		
2 Principal DI	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
<u> </u>	ace of pasitiess	26			65-0156716	· 	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				□ \$8.75 / Fee Re	Additional
22							
City & State	e	City & State			6. Election Campaign Financing	\$5.00	•
23		28			Trust Fund Contribution	Added	io rees
Zip	Country	Zip	Country	′	8. This corporation owes the current	nt year intangible X) Yes	□No
24	[25]		10		Personal Property Tax. 10. Name and Address of New Re		
	9. Name and Address of Curren	nt Registered Agent	81	Name	10. Name and Address of New Ite	gister ou rigotit	
RUB	in, mark		L				
777 ARTHUR GODFREY RD			82	82 Street Address (P.O. Box Number is Not A		le)	
	FLOOR		83				
MAIM	MI BEACH FL 33140		0.4	0.2		85 Zip	Code
`,			84 City			FL T	
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State of familiar with, and accept the obligations.	2 and 607.1508, Florida Statutes of Florida. Such change was aut	the above horized by	the corpor	orporation submits this statement for the plation's board of directors. I hereby accept	urpose of changing its the appointment as re	registered gistered
	in tellimat with, and accept the cong-	tions of, decisor our codes, rions	ia Statutes	.			
SIGNATURE	Signature, typed or printed name of registered ager		Registered Age		uired when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	Registered Age			DATE CERS AND DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: R	Registered Age		uired when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN D RUBIN, MARK	nt and title if applicable. (NOTE: R	Registered Age	int signature req	uired when reinstating)	DATE CERS AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN D RUBIN, MARK 777 ARTHUR GODFREY RD	nt and title if applicable. (NOTE: R	Registered Age 13. 1.1 TITLE 1.2 NAME	int signature req	uired when reinstating)	DATE CERS AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN D RUBIN, MARK	nt and title if applicable. (NOTE: R ND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	int signature req	uired when reinstating)	DATE CERS AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN D RUBIN, MARK 777 ARTHUR GODFREY RD MIAMI BEACH FL D	nt and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREE	int signature req	uired when reinstating)	DATE CERS AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D RUBIN, MARK 777 ARTHUR GODFREY RD MIAMI BEACH FL D BALOGH, ROBERT	nt and title if applicable. (NOTE: R ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature req	uired when reinstating)	DATE CERS AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN D RUBIN, MARK 777 ARTHUR GODFREY RD MIAMI BEACH FL D BALOGH, ROBERT 777 ARTHUR GODFREY RD	nt and title if applicable. (NOTE: R ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature req	uired when reinstating)	DATE CERS AND DIRECTO	DRS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN D RUBIN, MARK 777 ARTHUR GODFREY RD MIAMI BEACH FL D BALOGH, ROBERT 777 ARTHUR GODFREY RD	nt and title if applicable. (NOTE: R ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	T ADDRESS	uired when reinstating)	DATE CERS AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN D RUBIN, MARK 777 ARTHUR GODFREY RD MIAMI BEACH FL D BALOGH, ROBERT 777 ARTHUR GODFREY RD	nt and title if applicable. (NOTE: R ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	T ADDRESS	uired when reinstating)	CERS AND DIRECTO	ORS IN 12 Addition Addition
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this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information annual peport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an over or must be empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in highest with an address, with all other like empowered. 14. I hereby certify that the information supplied with this indicated on this annual report or supplementar annu officer or director of the corporation or the receiver of Block 12 or Block 13 if changed, or on an attachment

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

REQUIRE Mark R. Rubin

3/23/99

(305)538-4314

Daytime Phone #