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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04429

1. Corporation Name

VALENTINO CONDOMINIUM HOMEOWNERS ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
C/O E. HERRERA 1632 W. 42ND PLACE HIALEAH FL 33012 US	C/O E. HERRERA 1632 W. 42ND PLACE HIALEAH FL 33012 US

2. Principal Place of Business 21	2a. Mailing Address 26 AMERICA MANAGEMENT & REALTY, INC.	3. Date Incorporated or Qualified 07/30/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 2011 WEST 62 STREET	4. FEI Number 26-6196959 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 HIALEAH FL	5. Certifcate of Status Desired ☑ $8.75 Additional Fee Required
Zip / Country 24 25	Zip / Country 29 33016 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HERRERA, CECILIA G.
1632 W. 42ND PL
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name: AMERICA MANAGEMENT & REALTY, Henry Hernandez
82 Street Address (P.O. Box Number is Not Acceptable): 2011 WEST 62 STREET
83
84 City: HIALEAH FL 85 Zip Code: 33016

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: Henry Hernandez — DATE: 3/2/99
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		☐ Change ☐ Addition
NAME	AQUINO, ISRAEL		1.2 NAME		
STREET ADDRESS	1634 W. 42ND PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HERRERA, CECILIA		2.2 NAME		
STREET ADDRESS	1632 W. 42ND PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SOLE, SANTIAGO		3.2 NAME		
STREET ADDRESS	1631 42ND ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		3.4 CITY-ST-ZIP		
TITLE		☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☑ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

X SIGNATURE: SIGNATURE REQUIRED — 2/8/99 — (305) 558-9820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #