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Feb 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P31149 (8)

1. Corporation Name  
GRES DE VALLS, S.A.



Principal Place of Business: P.O. BOX 466, 12080 CASTELLON, SPAIN  
Mailing Address: P.O. BOX 466, 12080 CASTELLON, SPAIN

3. Date Incorporated or Qualified: 09/28/1990  
3a. Date of Last Report: 02/23/1996  
4. FEI Number: 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

2. Principal Place of Business: 21 P.O. Box 57, 22 Suite, Apt. #, etc., 23 ONDA (CASTELLON), 24 12200, 25 SPAIN  
2a. Mailing Address: 26 P.O. Box 57, 27 Suite, Apt. #, etc., 28 ONDA (CASTELLON), 29 12200, 30 SPAIN

9. Name and Address of Current Registered Agent  
KLEIN, CHRISTOPHER J.  
PENTHOUSE, 200 SOUTHEAST FIRST ST.,  
MIAMI FL 33131

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: FL 85 Zip Code

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 signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                |                                     |                                 |
|----------------|-------------------------------------|---------------------------------|
| TITLE          | P                                   | <input type="checkbox"/> DELETE |
| NAME           | MARULL, JUAN                        |                                 |
| STREET ADDRESS | CT. VIVER-PTO. BURRIANI KM.60,100   |                                 |
| CITY-ST-ZIP    | CASTELLON, SPAIN                    |                                 |
| TITLE          | T                                   | <input type="checkbox"/> DELETE |
| NAME           | MONTOLIU, JOSE                      |                                 |
| STREET ADDRESS | CT. VIVER-PTO. BURRIANIA, KM 60,100 |                                 |
| CITY-ST-ZIP    | CASTELLON, SPAIN                    |                                 |
| TITLE          | S                                   | <input type="checkbox"/> DELETE |
| NAME           | BREVA, JOSE LUIS                    |                                 |
| STREET ADDRESS | CT. VIVER-PTO. BURRIANIA, KM.60,100 |                                 |
| CITY-ST-ZIP    | CASTELLON, SPAIN                    |                                 |
| TITLE          | T                                   | <input type="checkbox"/> DELETE |
| NAME           | ALVAREZ, RICARDO                    |                                 |
| STREET ADDRESS | CT. VIVER-PTO. BURRIANIA, KM.60,100 |                                 |
| CITY-ST-ZIP    | CASTELLON, SPAIN                    |                                 |
| TITLE          | D                                   | <input type="checkbox"/> DELETE |
| NAME           | GARCIA, MOLLAR                      |                                 |
| STREET ADDRESS | CT. VIVER-PTO. BURRIANI, KM. 60,100 |                                 |
| CITY-ST-ZIP    | CASTELLON, SPAIN                    |                                 |
| TITLE          | D                                   | <input type="checkbox"/> DELETE |
| NAME           | ISACH, LUIS MARTINEZ                |                                 |
| STREET ADDRESS | CT. VIVER-PTO. BURRIANIA, KM 60,100 |                                 |
| CITY-ST-ZIP    | CASTELLON, SPAIN                    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |  |
|--------------------|---|--|
| 1.1 TITLE          | P                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | CAZORLA, JULIO                          |  |
| 1.3 STREET ADDRESS | CTRA. VIVER - PTO. BURRIANIA, KM 60,100 |  |
| 1.4 CITY-ST-ZIP    | ONDA, CASTELLON, SPAIN                  |  |
| 2.1 TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |   |  |
| 2.3 STREET ADDRESS |   |  |
| 2.4 CITY-ST-ZIP    |   |  |
| 3.1 TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |   |  |
| 3.3 STREET ADDRESS |   |  |
| 3.4 CITY-ST-ZIP    |   |  |
| 4.1 TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |   |  |
| 4.3 STREET ADDRESS |   |  |
| 4.4 CITY-ST-ZIP    |   |  |
| 5.1 TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |   |  |
| 5.3 STREET ADDRESS |   |  |
| 5.4 CITY-ST-ZIP    |   |  |
| 6.1 TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |   |  |
| 6.3 STREET ADDRESS |   |  |
| 6.4 CITY-ST-ZIP    |   |  |

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

SIGNATURE: SIGNATURE REQUIRED JOSE MONTOLIU Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E034 (9/96)