

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
January 1, 1996
FD-200 (Rev. 10/28/93)

**APPROVED
AND
FILED**

DOCUMENT # P93000073521 (5)

1. Corporation Name

VALBA CORP.

MAY 10 AM 10:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Office of Corporation 9033 SW 113 PL C1 W MIAMI FL 33176-1178 US		28. Mailing Address P. O BOX 831656 MIAMI FL 33283-1656 US	
3. Date of Incorporation or Qualification 10/22/1993		3a. Date of Last Report 04/20/1994	
21. State of Incorporation FL		4. FEI Number 65-0445267	
22. City & State MIAMI FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. City & State MIAMI FL		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. City & State MIAMI FL		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent ALVAREZ, PABLO 9033 SW 113TH PLACE CIRCLE W MIAMI FL 33176		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	
		85. State	

11. Pursuant to the provisions of Sections 607.05(2) 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 Sections 607.05(2) and 607.1508, Florida Statutes.

SIGNATURE: *Pablo Alvarez* **PABLO ALVAREZ, VICE PRESIDENT** **5-3-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PSD ALVAREZ, IVAN	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	9033 SW 113TH PL CIRCLE W	1. STREET ADDRESS	
CITY & STATE	MIAMI FL	1. CITY & STATE	☐ Change ☐ Addition
NAME	VTD ALVAREZ, PABLO	2. NAME	
STREET ADDRESS	9033 SW 113TH PL CIRCLE W	2. STREET ADDRESS	
CITY & STATE	MIAMI FL	2. CITY & STATE	☐ Change ☐ Addition
NAME		3. NAME	☐ Change ☐ Addition
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	☐ Change ☐ Addition
NAME		4. NAME	☐ Change ☐ Addition
STREET ADDRESS		4. STREET ADDRESS	
CITY & STATE		4. CITY & STATE	☐ Change ☐ Addition
NAME		5. NAME	☐ Change ☐ Addition
STREET ADDRESS		5. STREET ADDRESS	
CITY & STATE		5. CITY & STATE	☐ Change ☐ Addition
NAME		6. NAME	☐ Change ☐ Addition
STREET ADDRESS		6. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(9)(b), Florida Statutes. I further certify that the information included 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 business of the corporation and that my signature is required by Chapter 187, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document, or on an attachment with an address.

SIGNATURE: *Pablo Alvarez* **PABLO ALVAREZ** **5-3-95 (805) 271-0779**

