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**Feb 06 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 # P94000062694 (2)

**1. Corporation Name
FLORIDA VALO TRADING CORPORATION**



Principal Place of Business
1025 KANE CONCOURSE-
SUITE 217
BAY HARBOR ISLANDS FL 33154
US

Mailing Address
1025 KANE CONCOURSE-
SUITE 215
BAY HARBOR ISLAND FL 33134-2118
US

3. Date Incorporated or Qualified 08/25/1994
3a. Date of Last Report 08/19/1996

2. Principal Place of Business

21 1005 KANE CONCOURSE
Suite, Apt. #, etc. 217
22 217
City & State BAY HARBOR ISLANDS, FL

23 BAY HARBOR ISLANDS, FL
Zip 33154 Country US

24 33154 **25** US

2a. Mailing Address

26 1005 KANE CONCOURSE
Suite, Apt. #, etc. 217
27 217
City & State BAY HARBOR ISLANDS, FL

28 BAY HARBOR ISLANDS, FL
Zip 33154 Country US

29 33154 **30** US

4. FEI Number 65-0580745
Applied For
 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

9. Name and Address of Current Registered Agent

IVANOV, VALERI
1025 KANE CONCOURSE-
SUITE 217
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1005 KANE CONCOURSE
83
84 City BAY HARBOR ISLANDS FL **85** Zip Code 33154

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]* **DATE:** 1/30/97

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	IVANOV, VALERI	
STREET ADDRESS	1025 KANE CONCOURSE STE 217	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	IVANOV, IZOLDA	
STREET ADDRESS	1025 KANE CONCOURSE, STE 217	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1005 KANE CONCOURSE
1.4 CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1005 KANE CONCOURSE
2.4 CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
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]* **J. GRABER** **DATE:** 1/30/97 **DAYTIME PHONE #:** 305-861-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)