


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P97000035617 (4)
 1. Corporation Name
VALPAR CONSULTANTS, INC.

Principal Place of Business 5657 SW 142ND AVE. MIAMI FL 33183	Mailing Address 5657 SW 142ND AVE. MIAMI FL 33183
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 SAME AS ABOVE	22 Suite, Apt. #, etc.	26 SAME AS ABOVE	27 Suite, Apt. #, etc.	04/21/1997	
23 City & State		28 City & State		4. FEI Number	
24 Zip	25 Country	29 Zip	30 Country	65-0749698	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For	
				Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BUSINESS FILINGS INCORPORATED 1188 OCEAN SHORE BLVD., SUITE 195 ORMOND BEACH FL 32176				81 Name ROBERT PELIER, ESQ.			
				82 Street Address (P.O. Box Number is Not Acceptable) 350 SEVILLA AVE. SUITE 201			
				83			
				84 City CORAL GABLES		85 State FL	

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 **ROBERT PELIER, ESQ.** DATE **APRIL 8, 1998**

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D BERNARDO, MANUEL O	1.2 NAME	SECRETARY-TREASURER
STREET ADDRESS	5657 SW 142ND AVE.	1.3 STREET ADDRESS	LISOTTE V. DEAS-BERNARDO
CITY-ST-ZIP	MIAMI FL 33183	1.4 CITY-ST-ZIP	657 SW 142ND AVE
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: **Manuel O. Bernardo** **MANUEL O. BERNARDO** DATE: **APRIL 8, 1998** (305)382-2115

CR2E034 (10/97)