

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

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **S96616 (5)**
1. Corporation Name
VALENCIA INTERNATIONAL APARTMENTS, INC.

Principal Place of Business: **418-430 VALENCIA UNIT 1101 MIAMI FL 33129 US**
Mailing Address: **1627 BRICKELL AVE UNIT 1101 MIAMI FL 33129**

APPROVED AND FILED
95 APR 18 PM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business: **21 21**
2a. Mailing Address: **26 2858 NW 79th Ave**
Suite, Apt. #, etc.: **27**
City & State: **28 Miami FL**
Zip: **29 33122** Country: **30 USA**

DO NOT WRITE IN THIS SPACE.
3. Date Incorporated or Qualified: **11/26/1991**
3a. Date of Last Report: **03/31/1994**
4. FEI Number: **65-0300998**
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
**BENITEZ, VILMA
1627 BRICKELL AVE
UNIT 1101
MIAMI FL 33129**

10. Name and Address of New Registered Agent
81 Name: **Benitez Vilma**
82 Street Address (P.O. Box Number is Not Acceptable): **2858 NW 79th Ave**
83
84 City: **Miami** FL 85 Zip Code: **33122**

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 _____ DATE _____
(Signature, typed or printed name of registered agent and date of appointment) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--------------------------------|
| TITLE | D |
| NAME | BENITEZ, VILMA |
| STREET ADDRESS | 1627 BRICKELL AVE #1101 |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
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| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 11 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | Benitez, Vilma |
| 13 STREET ADDRESS | 2858 NW 79th Ave |
| 14 CITY - ST - ZIP | Miami, FL 33122 |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 employed, or on an attachment with an address.

SIGNATURE: *Vilma Benitez* **4/10/95**
(Signature and typed or printed name of signing officer or director) (Date)