

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S96616 (5)**

1. Corporation Name

**VALENCIA INTERNATIONAL APARTMENTS, INC.**



Principal Place of Business

Mailing Address

418-420 VALENCIA UNIT 1101 MIAMI FL 33129 US

2858 NW 79TH AVENUE UNIT 1101 MIAMI FL 33122 US

3. Date Incorporated or Qualified **11/26/1991** 3a. Date of Last Report **04/18/1995**

2. Principal Place of Business

2a. Mailing Address

21 **418-420 VALENCIA AVE.**

26 **1627 BRICKELL AVE**

4. FEI Number **65-0300998** Applied For Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 **CORAL GABLES, FL**

28 **MIAMI, FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 Zip **33134** 25 Country **USA**

29 Zip **33129** 30 Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENITEZ, VILMA  
2858 NW 79TH AVENUE  
UNIT 1101  
MIAMI FL 33129**

81 Name **BENITEZ, VILMA**  
82 Street Address (P.O. Box Number is Not Acceptable) **1627 BRICKELL AVENUE**  
83 **1101**  
84 City **MIAMI** FL 85 Zip Code **33129**

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

*Vilma Benitez*

**4/8/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **D BENITEZ, VILMA**  
STREET ADDRESS **2858 NW 79TH AVENUE**  
CITY-ST-ZIP **MIAMI FL**

11 TITLE  Change  Addition  
12 NAME **D BENITEZ, VILMA**  
13 STREET ADDRESS **1627 BRICKELL AVE #1101**  
14 CITY-ST-ZIP **MIAMI, FL 33129**

TITLE  DELETE  
NAME

21 TITLE  Change  Addition  
22 NAME

STREET ADDRESS  
CITY-ST-ZIP

23 STREET ADDRESS  
24 CITY-ST-ZIP  Change  Addition

TITLE  DELETE  
NAME

31 TITLE  Change  Addition  
32 NAME

STREET ADDRESS  
CITY-ST-ZIP

33 STREET ADDRESS  
34 CITY-ST-ZIP  Change  Addition

TITLE  DELETE  
NAME

41 TITLE  Change  Addition  
42 NAME

STREET ADDRESS  
CITY-ST-ZIP

43 STREET ADDRESS  
44 CITY-ST-ZIP  Change  Addition

TITLE  DELETE  
NAME

51 TITLE  Change  Addition  
52 NAME

STREET ADDRESS  
CITY-ST-ZIP

53 STREET ADDRESS  
54 CITY-ST-ZIP  Change  Addition

TITLE  DELETE  
NAME

61 TITLE  Change  Addition  
62 NAME

STREET ADDRESS  
CITY-ST-ZIP

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)(k), 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:

*Vilma Benitez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/96**

**594-7878**

Date Daytime Phone #

CR2E034 (12/95)