

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 297837 (7)

1. Corporation Name

VALLADARES L- & SON INC



Principal Place of Business

1200 DUVAL STREET.
KEY WEST FL 33040

Mailing Address

1200 DUVAL STREET.
KEY WEST FL 33040

3. Date Incorporated or Qualified

10/18/1965

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALLADARES, ARTHUR L.
615 ANGELA ST.
KEY WEST FL 33040

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0503, Florida Statutes.

SIGNATURE

Arthur L. Valladares

Signature typed or printed name of registered agent and date of signature

200 L Registered Agent Signature required and date of signing

5-1-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

VALLADARES, MIRTA DIANA

STREET ADDRESS

615 ANGELA ST

CITY- ST- ZIP

KEY WEST FL

TITLE

VD

☐ DELETE

NAME

VALLADARES, ARTHUR L.

STREET ADDRESS

615 ANGELA STREET

CITY- ST- ZIP

KEY WEST FL

TITLE

ST

☐ DELETE

NAME

VALLADARES, ARTHUR L.

STREET ADDRESS

615 ANGELA STREET

CITY- ST- ZIP

KEY WEST FL

TITLE

D

☐ DELETE

NAME

VALLADARES, ANTHONY L

STREET ADDRESS

609 ANGELA ST.

CITY- ST- ZIP

KEY WEST FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

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)(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:

Arthur L. Valladares

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

305-296-5032

DATE

Daytime Phone #

CR2E034 (12/95)