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FILED
Mar 13 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 # 355648

(7)

1. Corporation Name

VALOR CORPORATION OF FLORIDA



Principal Place of Business

5555 N.W. 36TH AVENUE
MIAMI FL 33142

Mailing Address

5555 N.W. 36TH AVENUE
MIAMI FL 33142-2709

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
11/20/1969

3a. Date of Last Report
01/29/1996

4. FEI Number

59-1278865

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

NEWTON, BURT C.
6800 GLENEAGLE DRIVE
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name

NEWTON, BURT C.

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

3170 WILLOW LANE

83 City

FT. LAUDERDALE

84 State

FL

85 Zip

33331

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

PD NEWTON, BURT C. JR.
6800 GLENEAGLE DR.
MIAMI LAKES FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP

SD NEWTON, DONNA J.
6800 GLENEAGLE DR
MIAMI LAKES FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP

T CHADOVICH, ELSABETH
14421 LAKE CHILDS CT.
MIAMI LAKES FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP

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TITLE NAME STREET ADDRESS CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP

PD NEWTON, BURT C. JR.
3170 WILLOW LANE
FT. LAUDERDALE, FL 33331

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP

SD NEWTON, DONNA J.
3170 WILLOW LANE
FT. LAUDERDALE, FL 33331

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP

6.1 TITLE 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: BURT C. NEWTON, JR. PD

Burt C. Newton 3/18/97 305-1633-20147

CR2E034 (9/96)