

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

FILED

Jan 28 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 # 524541

(0)

1. Corporation Name
VALTEK CONSULTANTS, INC.

Principal Place of Business
2221 N.E. 202 STREET
NORTH MIAMI BEACH FL 33180
US

Mailing Address
2221 N.E. 202 STREET
NORTH MIAMI BEACH FL 33180-1849
US



3. Date Incorporated or Qualified 01/26/1977
3a. Date of Last Report 04/11/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-2765049
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIRNHOLZ, JACK
2221 N.E. 202 STREET
NORTH MIAMI BEACH FL 33180

81 Name WENDY Wallberg, Wallberg + Renzy, P.A.
82 Street Address (P.O. Box Number is Not Acceptable) 1918 Harrison Street
83 #101
84 City Hollywood FL 85 Zip Code 33020

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: Wendy Wallberg, Wendy Wallberg + Renzy, P.A. 1/20/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BIRNHOLZ, JACK	
STREET ADDRESS	2221 N.E. 202 STREET	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BIRNHOLZ, SHIRLEY	
STREET ADDRESS	2221 N.E. 202 STREET	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KNIGHT, HARRIET	
STREET ADDRESS	25314 VIA ORIO	
CITY - ST - ZIP	VALENCIA CA	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BIRNHOLZ, HARVEY	
STREET ADDRESS	301 DUNWOODY LANE	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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. I changed or on an attachment with an address.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

305 9312420

CR2E034 (9/96)