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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 572720

(1)

FILED

95 JAN 23 AM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

VALLE INTERIORS AND ASSOCIATES INC.

Principal Place of Business

1316 MENDAVIA AVE.
CORAL GABLES FL 33146

Mailing Address

1316 MENDAVIA AVE.
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/07/1978

3a. Date of Last Report

01/25/1994

4. FEI Number

59-1934990

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$9.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 330 GRECO AVE.

2a. Mailing Address

25

(S/A) Apt. #, etc.

22 #101

Sum. Apt. #, etc.

27

City & State

23 CORAL GABLES, FL

City & State

28

Zip

24 33146

Country

25 DADE

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONCHESO, MARIA TERESA
450 GRAPETREE DR. #314
KEY BISCAYNE FL 33149

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CONCHESO, MARIA TERESA
STREET ADDRESS 450 GRAPETREE DR #314
CITY-ST-ZIP KEY BISCAYNE FL 33149

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ST
NAME GROSS, ANITA B.
STREET ADDRESS 1316 MENDAVIA AVE
CITY-ST-ZIP CORAL GABLES FL 33149

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental revised 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Anita B. Gross
TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

1/10/95 (305) 529-9903
DATE