

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

FILED
Apr 18 1996 8:00 am
Secretary of State

DOCUMENT # 572720 (1)

1. Corporation Name

VALLE INTERIORS AND ASSOCIATES INC.

Principal Place of Business

330 GRECO AVE.
SUITE #101
CORAL GABLES, FL.
33146

Mailing Address

1316 HENDAVIA AVE
CORAL GABLES, FL.
33146

3. Date Incorporated or Qualified
06/07/1978

3a. Date of Last Report
01/23/1994

4. FEI Number

59-1934990

Applied For
Not Applicable

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONCHESO, MARIA TERESA
OCEAN BREAKERS APT. 9G
150 OCEAN LANE DRIVE,
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 title (if applicable)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CONCHESO, MARIA TERESA
OCEAN BREAKERS APT. 9G
150 OCEAN LANE DRIVE
KEY BISCAYNE, FL. 33149

2. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GROSS, ANITA B.
1316 HENDAVIA AVE.
CORAL GABLES, FL. 33146

3. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE
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STREET ADDRESS
CITY-ST-ZIP

6. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE
NAME
STREET ADDRESS
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:

Anita B. Gross
ANITA B. GROSS

SEC./TREAS.

4/12/96 (305) 529-9903
5-41-18-96

CR2E034 (12/95)