FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:23

DOCUMENT # 660290 (8)

1. Corporation Name

VALLE INTERNATIONAL EQUIPMENT CORPORATION

Principal Place of Business	Mailing Address
4471 N.W. 36TH STREET	4471 N.W. 36TH STREET
STE. 221	STE. 221
MIAMI SPRINGS FL 33166	MIAMI SPRINGS FL 33166

2. Principal Place of Business — 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/24/1980

3a. Date of Last Report: 02/04/1994

4. FEI Number: 59-2006084 [ ] 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 [X] No

9. Name and Address of Current Registered Agent

ARMSTRONG, TIMOTHY J
4471 N.W. 36TH STREET
STE. 221
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	VALLE, RAFAEL
STREET ADDRESS	779 EASTWARD DR
CITY-ST-ZIP	MIAMI SPRINGS FL
TITLE	VD
NAME	HALE, LEONARD G
STREET ADDRESS	CIUDAD PANAMA
CITY-ST-ZIP	REP. OF PANAMA
TITLE	SD
NAME	ECHEGARAY, OSCAR
STREET ADDRESS	6609 S.W. 113 AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blank blocks: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, each with [ ] Change [ ] Addition)

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, 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: Rafael Valle — RAFAEL VALLE 01/19/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 885-5013

0179810 CP