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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 690989

(9)

VALDAY INTERNATIONAL INC

FILED Apr 21 1997 8:00am Secretary of State

| Principal Place 4101 N ANDRE SUITE 105 FT LAUDERDAL US | WS AVE | Mailing Ac PO BOX 2 FT LAUDEI US | | 307-3980 | | · · · · · · · · · · · · · · · · · · · | 3. Date Incorporated or Qu | | | te of Last | |
|---|--|---|---|---|--|--|---|--------------|----------------------------|-------------------------------------|--|
| •• | | | | | | | 05/25/1981 | | | 01/1996 | |
| | ace of Business | 2a. Mailing | Address | | | | 4. FEI Number | | | | pplied For |
| Suite, Apt | # etc | 26 Suite A | Apt. #, etc. | | | | 59-2103502 | | | | lot Applicable Additional |
| 22 | ., | 27 | 4 | | | | 5. Certificate of Status Des | ired | | | lequired |
| City & State |) | City & | State | | | | 6. Election Campaign Final | ncing | _ | | May Be |
| 23 | | 28 | | | untry | | Trust Fund Contribution | | <u> </u> | | to Fees |
| Zip 24 | Country 25 | Ζιρ 29 | | 30 | uritry | | 8. This corporation has liab Florida Statutes | | itangible Yes | | s. 199.032, |
| (4) | 9. Name and Address of Curi | | gent | | T | | 10. Name and Address of | | | | |
| LIVOTI, ANTHONY M., JR -80 5 EAST BROWARD BLVD. FT LAUDERDALE FL -83301 | | | 82 Street Add 83 84 City | | | 72 | dress (P.O. Box Number is Not Acceptable) | | | | |
| 11. Pursuant toffice or reagent ar | to the provisions of Sections 607.0 egistered agent, or both, in the Sta in familiar with, and accept the ob | 0502 and 607,1508 ate of Florida. Such digations of, Sectio | , Florida Stat change was n 607.0505, i | tutes, the a s authorize Etorida Stat | bove-r | named corp he corpora | poration submits this statement tion's board of directors. I herel | for the pl | FL irpose of the app | changing cintment a | 3 3 0 4 its registered s registered |
| SIGNATURE | Signature, typical or printed name of registered | agent and little if applicat | | | | | ired when reinstating) | | DATE | | |
| SIGNATURE | OFFICERS A | agent and lifte if applicab AND DIRECTORS | le (N | | ed Agent | | | | DATE | DIRECTO | RS IN 12 |
| SIGNATURE 12. TITLE NAME SIREEL ADDRESS | OFFICERS A VSD MURRAY, JOHN T 4101 N ANDREWS AVE #10 | AND DIRECTORS | | XOTE: Registere 13. 1.1 Ti 1.2 N 1.3 S | ed Agent : ITLE VAME STREET AD | signature requi | ired when reinstating) | | DATE | | RS IN 12 |
| SIGNATURE 12. THE NAME | OFFICERS A VSD MURRAY, JOHN T 4101 N ANDREWS AVE #10 FT LAUDERDALE FL | AND DIRECTORS | le (N | XOTE: Registere 13. 1.1 Ti 1.2 N 1.3 S | ed Agent : ITLE VAME STREET AD CITY-ST- | signature requi | ired when reinstating) | | DATE | DIRECTO | RS IN 12 |
| SIGNATURE 12. THE NAME STREEL ADDRESS CHY- ST- ZIP | OFFICERS A VSD MURRAY, JOHN T 4101 N ANDREWS AVE #10 | AND DIRECTORS | le (N | NOTE: Registere 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N | ed Agent: TITLE NAME STREET AD CITY-ST- | Signature requi | ired when reinstating) | O OFFICE | DATE | DIRECTO | RS IN 12 |
| SIGNATURE 12. IIILE NAME SIRFEI ADORESS CHY-SI-ZIP TITLE NAME | VSD WURRAY, JOHN T 4101 N ANDREWS AVE #10 FT LAUDERDALE FL PTD VALDES, CARLOS M | AND DIRECTORS 05 ITE 105 | DELETE | NOTE: Registere 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S | ed Agent : ITLE NAME STREET AD CITY-ST- | DORESS ZIP | ired when reinstating) | | DATE | DIRECTO Change Change | RS IN 12 Addition |
| SIGNATURE 12. THEE NAME STREEL ADDRESS CHY- ST- ZIP THEE NAME STREEL ADDRESS CHY-ST- ZIP THEE | V\$D WURRAY, JOHN T 4101 N ANDREWS AVE #10 FT LAUDERDALE FL PTD VALDES, CARLOS M 4101 N ANDREWS AVE SUI | AND DIRECTORS 05 ITE 105 | le (N | NOTE: Registere 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti | BY Agent: ITLE VAME STREET AD CITY-ST-: TITLE VAME STREET AD CITY-ST-ITLE | DORESS ZIP | ired when reinstating) | O OFFICE | DATE | DIRECTO | RS IN 12 Addition |
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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: JAME OF FIGHT AND THE AND THE PHATE PARTY OF SIGNING OFFICER OR DIRECTOR

John T. Murray

954/563-8411

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