

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000003610 (3)  
1. Corporation Name  
VALLE SYSTEMS, INC.



Principal Place of Business 3720 MYKONOS COURT BOCA RATON FL 33487	Mailing Address 3720 MYKONOS COURT BOCA RATON FL 33487
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4360 NORTH LAKE BLVD Suite, Apt. #, etc. Suite 201 22 City & State PALM BEACH GARDENS, FL 23 Zip 33410 24 Country	2a. Mailing Address 26 SAME 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	3. Date Incorporated or Qualified 08/09/1993 3a. Date of Last Report 04/29/1996 4. FEI Number 65-0451099 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent RICCI, FRANK 4360 NORTH LAKE BLVD. SUITE 205 PALM BEACH FL 33410	10. Name and Address of New Registered Agent 81 Name MARTIN E. WASHOFSKY EA, PA. 82 Street Address (P.O. Box Number is Not Acceptable) 4360 NORTH LAKE BLVD 83 SUITE 205 84 PALM BEACH GDS FL 85 Zip Code 33410
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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 *Martin E. Washofsky* MARTIN E. WASHOFSKY EA, PA.  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME ARMOOGAM, MICHAEL A STREET ADDRESS 3720 MYKONOS COURT CITY-ST-ZIP BOCA RATON FL 33487	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ARMOOGAM, MIGUEL STREET ADDRESS 3720 MYKONOS COURT CITY-ST-ZIP BOCA RATON FL 33487	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME NAGY, WOLFGANG STREET ADDRESS THE NEST, GREENWICH PLANTATION, ST. JAMES CITY-ST-ZIP BARBADOS, WEST INDIES	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ARMOOGAM, JOYCE STREET ADDRESS 3720 MYKONOS COURT CITY-ST-ZIP BOCA RATON FL 33487	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address.

SIGNATURE *Martin E. Washofsky*

CR2E034 (4/97)