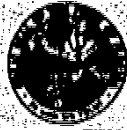


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 APR 26 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # G55938 (6)**  
1. Corporation Name  
**VALENZA IMPORTS, INC.**

Principal Place of Business Mailing Address  
**36 NE 1ST ST. RM. 702 MIAMI FL 33132** **36 NE 1ST ST. RM. 702 MIAMI FL 33132**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/10/1983** 3a. Date of Last Report **03/31/1994**  
4. FEI Number **59-2331187** 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  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **suite No. is 706** 26  
22 Suits, Apt. #, etc. 27 **706**  
23 City & State 28  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**GONZALEZ, AVEL**  
**13687 SW 26TH STREET**  
**MIAMI FL 33175**  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOURY, SHALOM</b>	1.2 NAME	
STREET ADDRESS	<b>5780 S.W. 59 PL.</b>	1.3 STREET ADDRESS	<b>address changed to 3762 sw 26th.ter</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>Miami FL</b>
TITLE	<b>VP</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOURY, BRACHA</b>	2.2 NAME	<b>delete bracha noury</b>
STREET ADDRESS	<b>5780 S.W. 59 PL.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THEIN, KURT</b>	3.2 NAME	
STREET ADDRESS	<b>5780 S.W. 59 PL.</b>	3.3 STREET ADDRESS	<b>109 SARTO AVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(4), 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 in ~~accordance with~~ an affidavit with an address.

SIGNATURE: Kurt Thein **KURT THEIN SEC.** Date **4-20-95** **3063686765**  
Signature and typed or printed name of signing officer or director