

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 AM 10:56

DOCUMENT # G75558 (8)

1. Corporation Name

VAL-SAL INVESTMENT COMPANY, INC.

Principal Place of Business

**901 NORTHPOINT PARKWAY, SUITE 301
WEST PALM BEACH FL 33407-1963
US**

Mailing Address

**901 NORTHPOINT PARKWAY, SUITE 301
WEST PALM BEACH FL 33407-1963
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1983

3a. Date of Last Report

04/20/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2b. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-2400054

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

☐ No

9. Name and Address of Current Registered Agent

**MURPHY, MR. LAWRENCE E., ESQ.
400 EXECUTIVE CENTER DR., STE. 201
WEST PALM BEACH FL 33401**

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 the legal name)

(NOTE: Registered Agent signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

VSD

NAME

SALADRIGAS, RAFAEL

STREET ADDRESS

901 NORTHPOINT PARKWAY

CITY ST ZIP

WEST PALM BCH. FL

TITLE

DP

NAME

SALADRIGAS, RAFAEL

STREET ADDRESS

901 NORTHPOINT PARKWAY

CITY ST ZIP

WEST PALM BCH. FL

TITLE

VD

NAME

ROSSI, ENRICO

STREET ADDRESS

901 NORTHPOINT PARKWAY

CITY ST ZIP

WEST PALM BCH. FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

14. I, the undersigned, certify that the information on this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 of this report, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rafael Saladrigas, VSDP

3/23/95

(407) 687-1600