## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G75558

(8)

Mailing Address

VAL-SAL INVESTMENT COMPANY, INC.

|--|

Suite, Apt. #, etc.    Suite, Apt. #, etc.		nt Parkway, Suite 301 Each Fl 33407-1953		901 NORTHPOINT PARKWAY. SUITE 301 West Palm Beach Fl 33407-4 <del>872</del> 19 <i>5</i> 3 US							
Suite, April 9 etc.  City & State  Suite, April 9 etc.  Suite, Ap										eport	
Suite, Apt. # etc.	2. Principal Place of Business 2a. Mailing Address								qΑ	plied For	
S. Certificate of Status Desired   For Required	21		26	26			59-2400054		No	it Applicable	
City & State    City & State   City & City & State   City & Cit	Suite, Apt. /	ŧ. etc.	······				5. Certificate of Status Desired				
Zip   Size   Country   Size	City & State						, -				
MURPHY, MR. LAWRENCE E., ESO. 400 EXECUTIVE CENTER DR., STE. 201 WEST PALM BEACH FL 33401  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85 Zxp Code  81. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, like above-named corporation submits this statement for the purpose of changing its registered office or registered accept the displant on C. Saction 627 0507, 8507 85 Statutes  85 CIN-ST LIKE  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11 IN IN IN IN INTERPRETATIONS   1 STREET ADDRESS    12 Street Address (P.O. Box Number is Not Acceptable)  83   Sample Address of New Registered Agent    84 City   FL   85 Zxp Code  85   Street Address of New Registered Agent    85   Street Address of New Registered Agent    86   Street Address of New Registered Agent    86   Street Address of New Registered Agent    87   Street Address of New Registered Agent    88   Street Address of New Registered Agent    88   Street Address of New Registered Agent    89   Street Address of New Registered Agent    80   Street Address of New Registered    81   Street Address of New Registered    82   Street Address of New Registered    83   Street Address of New Registered    84   Street Address of New Registered    85   Street Address of New Registered    86   Street Address of New Registered    87   S	<b>Z</b> ip <b>24</b>	<u></u>	Zip 29 33467-1953		ry						
## City ## PL   85   Zip Code   ## City ## PL   85   Zip Code	<b>'</b>	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re	gistered A	gent		
### City   FL   85   Zip Code	MURPHY, MR. LAWRENCE E., ESQ.					81 Name					
STATURE   STAT	400 EXECUTIVE CENTER DR., STE. 201					82 Street Address (P.O. Box Number is Not Acceptable)					
11. Pursuent to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the abovenamed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes and the provision of the provision of the obligation of the provision of	1160	TALM DENOTTE 35-01		8	3	<del></del>					
office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 667.0505, Fiorida Statutor.    SIGNATURE						-					
12.   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   12.   ADDITIONS/CHANGES   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   12.   ADDITIONS/CHANGES   ADDITIONS/C	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.										
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12											
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NAME   STREET ADDRESS						<del>'                                     </del>			Change	Addition	
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		ov certify that the information sure	phed wild his filing does not qualify				in Section 119.07(3)(i). Florida Statute	s. I further	certify that	the	

1. I do hereby certify that the information supplied wild finis 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 supplied enture in a number of director of the corporation of the feat for 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 optimize ment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Rafael Saladrigas

<u>1/13/97</u>

(561) 687-1600

Daytime Phone #