


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

FILED  
Feb 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # G75558 (8)</b>					
1. Corporation Name <b>VAL-SAL INVESTMENT COMPANY, INC.</b>					



Principal Place of Business <b>901 NORTHPOINT PARKWAY, SUITE 301 WEST PALM BEACH FL 33407-1953 US</b>		Mailing Address <b>901 NORTHPOINT PARKWAY, SUITE 301 WEST PALM BEACH FL 33407-1953 US</b>	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified <b>12/21/1983</b>	
4. FEI Number <b>59-2400054</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MURPHY, MR. LAWRENCE E., ESQ. 400 EXECUTIVE CENTER DR., STE. 201 WEST PALM BEACH FL 33401</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
<b>FL</b>	

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

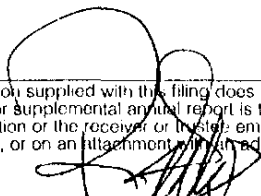
DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE
NAME	<b>SALADRIGAS, RAFAEL</b>
STREET ADDRESS	<b>901 NORTHPOINT PARKWAY</b>
CITY-ST-ZIP	<b>WEST PALM BCH. FL</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE
NAME	<b>SALADRIGAS, RAFAEL</b>
STREET ADDRESS	<b>901 NORTHPOINT PARKWAY</b>
CITY-ST-ZIP	<b>WEST PALM BCH. FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>ROSSI, ENRICO</b>
STREET ADDRESS	<b>901 NORTHPOINT PARKWAY</b>
CITY-ST-ZIP	<b>WEST PALM BCH. FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 this address.

SIGNATURE:



Rafael Saladrigas

1/7/98

(561) 687-1600

CR2E034 (10/97)