

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL -7 AM 9:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # H16293 (3)

1. Corporation Name

VALVERDE & ASSOCIATES, INC.

Principal Place of Business

4960 SW 72 AVE.
SUITE 208
MIAMI FL 33155

Mailing Address

4960 SW 72 AVE.
SUITE 208
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/14/1984

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2439098

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

2. Principal Place of Business

21 800 Douglas Rd.

Suite, Apt. #, etc.

22 Puerta del Sol 250

City & State

23 Coral Gables, FL

Zip

24 33146

Country

25 U.S.A.

26. Mailing Address

26 5309 Alhambra Cir.

Suite, Apt. #, etc.

27 Coral Gables, FL

City & State

28 Coral Gables, FL

Zip

29 33146

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

FREEMAN, RICHARD A.
% BLACKWELL WALKER
1 S.E. 3RD AVE.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Anuca Valverde

82 Street Address (P.O. Box Number is Not Acceptable)

5309 Alhambra Circle

83

84 City

Coral Gables

FL

85 Zip Code

33146

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 607.050, Florida Statutes.

SIGNATURE

Signature of registered agent and title if applicable

Anuca Valverde

(NOTE: Registered Agent signature required when reinstating)

DATE

6/26/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PSD

VALVERDE, ANUCA

3416 ANDERSON ROAD

CORAL GABLES FL

5309 Alhambra Circle
33146

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

Anuca Valverde

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature of Trustee

6/26/95