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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **J91584** **(9)**

1. Corporation Name
FAVAL, INC.

Principal Place of Business	Mailing Address
% S.R. COSTANZO [illegible] Suite 100 2250 SW 3rd Ave (Coral Way) Miami FL 33129	% S.R. COSTANZO [illegible] Suite 100 2250 SW 3rd Ave Coral Way) Miami Fl 33129

3. Date Incorporated or Qualified: 09/10/1987	3a. Date of Last Report: 03/01/1996
4. FEI Number: 59-2848267	☐ 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	2a. Mailing Address
21 c/o SRCostanzo	26 c/o SR Costanzo
Suite, Apt. #, etc. 22 Suite 100 - 2250SW3rdAv	Suite, Apt. #, etc. 27 Suite 100 - 2250 SW 3rd Av (Cowal Way)
City & State 23 Miami FL	City & State 28 Miami FL
Zip 24 33129 Country 25 USA	Zip 29 33129 Country 30 USA

9. Name and Address of Current Registered Agent

COSTANZO, SARINO R.
1 S.E. 3RD AVENUE, SUITE 2150
MAIMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Costanzo, Sarino R. - Suite 100
82 Street Address (P.O. Box Number is Not Acceptable): 2250 SW 3rd Ave (Coral Way)
83
84 City: Miami FL 85 Zip Code: 33129

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 Sarino R. Costanzo
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FRANCISCO, VALDEZ Z.		1.2 NAME	
STREET ADDRESS	1 S.E. 3RD AVENUE, #2150		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VALDEZ, FRANCISCO M.		2.2 NAME	
STREET ADDRESS	1 S.E. 3RD AVENUE, #2150		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VALDEZ, JOSE A.M.		3.2 NAME	
STREET ADDRESS	1 S.E. 3RD AVENUE, #2150		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	VALDEZ, 'ARMAN M.		4.2 NAME	
STREET ADDRESS	1 S.E. 3RD AVENUE, #2150		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VALDEZ, CLEMENCIA M.		5.2 NAME	
STREET ADDRESS	1 S.E. 3RD AVENUE, #2150		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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 an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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