

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K32581 (6)**

1. Corporation Name
CARLOS VALERA & ASSOCIATES, INC.



Principal Place of Business: **5040 N.W. 7TH STREET SUITE 635 MIAMI FL 33126**
Mailing Address: **5040 N.W. 7TH STREET SUITE 635 MIAMI FL 33126**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **09/08/1988**
3a. Date of Last Report: **03/16/1995**
4. FEI Number: **65-0073218**
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
**VALERA, CARLOS
5040 N.W. 7TH STREET
SUITE 635
MIAMI FL 33126**

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 **FL**

11. Pursuant to the provisions of Sections 607.0932 and 607.1308, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

1	TITLE: PST	<input type="checkbox"/> DELETE
2	NAME: VALERA, CARLOS	
3	STREET ADDRESS: 5040 N.W. 7TH ST., #635	
4	CITY-ST-ZIP: MIAMI FL	
5	TITLE:	<input type="checkbox"/> DELETE
6	NAME:	
7	STREET ADDRESS:	
8	CITY-ST-ZIP:	
9	TITLE:	<input type="checkbox"/> DELETE
10	NAME:	
11	STREET ADDRESS:	
12	CITY-ST-ZIP:	
13	TITLE:	<input type="checkbox"/> DELETE
14	NAME:	
15	STREET ADDRESS:	
16	CITY-ST-ZIP:	
17	TITLE:	<input type="checkbox"/> DELETE
18	NAME:	
19	STREET ADDRESS:	
20	CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME:	
3	STREET ADDRESS:	
4	CITY-ST-ZIP:	
5	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME:	
7	STREET ADDRESS:	
8	CITY-ST-ZIP:	
9	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME:	
11	STREET ADDRESS:	
12	CITY-ST-ZIP:	
13	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME:	
15	STREET ADDRESS:	
16	CITY-ST-ZIP:	
17	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	NAME:	
19	STREET ADDRESS:	
20	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 119.07(3)(k), Florida Statutes. I further certify that the information included 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 a 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 in Block 14 if added, with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-96 448-4001

CR2E034 (12/95)