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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K51314

VALIA, INC.

Principal Place of Business

(8)

Mailing Address

FILED Apr 30 1997 8:00am Secretary of State



1645 PALM BEACH LAKES BLVD., PENTHOUSE STE WEST PALM BEACH FL 33401		1645 PALM BEACH LAKES BLVD PENTHOUSE STE WEST PALM BEACH FL 33401-2204		2. Data Inagraphical or Overline	2a Data of Last Daniel	
					3. Date Incorporated or Qualified 12/14/1988	3a. Date of Last Report 03/12/1996
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26			52-1612698	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		[28]			Trust Fund Contribution	
Zip	Country	Zιρ	Country		8. This corporation has liability for it	
24	25 Alama and Address of Curren	29]	30			Yes 🔀 No
9. Name and Address of Current Registered Agent ARMOUR, ALAN I., II B1 Name						
1645 PALM BEACH LAKES BLVD.						
	THOUSE SUITE		82 Street		Address (P.O. Box Number is Not Acceptable)	
WEST PALM BEACH FL 33401			83			
WES	OF PAUM DEACH PL 33401					
			84	City		FL 85 Zip Code
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 agont, 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						
office or re agent. Las	egistered agont, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607,0505. F	authorized by Torida Statutes.	the corporatio	on's board of directors. I hereby accep	t the appointment as registered
SIGNATURE						
SIGNATORE.	Signature, typed or printed name of registered age)][flegistered Ager	nt signature required	d when roinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	DPS	☐ DELETE	1.0 TOTLE			☐ Change ☐ Addition
NAME	JESSUP, BRIAN E.		1.2 NAME			
STREET ADDRESS			1.3 \$1REE1 A	ADDRESS		
CITY-ST-ZIP			1.4 CITY - ST	- ZIP		
TITLE	IFOOLID DOLLAR E	☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS	C/O 1645 PLM BCH LK BLV		2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST	I-ZIP		
TITLE	DELETE 3.1		3.1 TOLE			Change Addition
NAME	3.2		3.2 NAME			
STREET ADDRESS	3.3 S		3.3 STREET A	ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST	I - ZIP		
TITLE		☐ DELETE	4.1 TOLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET A	ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST	- 21P		
TITLE		DELETE 5.1 TIT				☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET A	ADDRESS		
CITY-ST-ZIP			5 4 CITY- ST	- ZIP		
TITLE		☐ DELETE	6.1 111LF			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A	ADDRESS		
CITY-ST-ZIP			6.4 CITV. ST	- 7IP		

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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if channel, or on an attachment with an address.