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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: >



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

## FILED Mar 19 1997 8:00am Secretary of State

	1997		Secretary of State DIVISION OF CORPORATIONS			S	Secretary of State			
DOCUI 1. Corporatio CARNI	MENT # M11 Name VAL FLOWERS	924 (1 <del>, in</del> c+6i	•	1C-3/93	3					
Principal Plac	e of Business	Mailir	g Address	<del></del>						
9552 SW. 137 Avenue Miami, Florida 33186							3. Date Incorporated or Qualified 3a. Date of Last Report 01/24/1995			
	lace of Business	<u></u> 1	2a. Mailing Address				4. FEI Number 59-2589831		Applied Fo	
21 Suite, Apt.	#, etc.	26 St	Suite, Apt. #, etc.				\$8.75 Additional			
22		27					5. Certificate of Status Desired LJ Fee Required			
City & State	ê	28 Ci	ty & State				Election Campaign Financing     Trust Fund Contribution		.00 May Be	
Zip	Country		Zip Country				This corporation has liability for it			2,
24	25	29		30			Florida Stalutes	Yes No	<del></del>	
· ·· · · · · · · · · · · · · · · · ·	9. Name and Addres	s of Current Register	ed Agent		<b>31</b> N	lame	10. Name and Address of New Re	gistered Agent		
GONZALEZ DE CAICEDO ,MARIELA SONIA 9552 SW. 137 Avenue Miami, Florida 33186					B3	treet Addre	ess (P.O. Box Number is Not Acceptable)			
•						•		FL 85	•	
11. Pursuant i office or re agent. Lai SIGNATURE	to the provisions of Sectic egistered agent, or both, m familiar with, and acce	ons 607,0502 and 607, in the State of Florida of the obligations of, So	1508, Florida Statu Such change was ection 607.0505, Fl	tes, the abo authorized lorida Statu	ove-na by the tes.	amed corporation	oration submits this statement for the p on's board of directors. I hereby accep	urpose of chang If the appointme	ing ils register nt as registere	ed ed
	Signature typed or printed name of	Registered agent and tile it as FICERS AND DIRLEGIC		Hegistered A	Agent si	ignature require	d when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE	TODG IN 19	
12. TITLE P.	GONZALEZ D 13769 SW.	E CAICEDO	M.S.DELETE	1.1 TIT <sub>V</sub> 1			ADDITIONS/CHANGES TO GITTE	Cha		
STREET ADDRESS	Miami, Fl.		•	1.3 S1H		DRESS				
CITY-ST-ZIP		A 17 62 64	14 CITY 21 THE	ITY-ST-7IP						
TITLE V.	CAICEDO ROBERTO FABIO LI DELLE 13769 SW. 160 Street				E ME			Chi	ange [_] Addi	lition
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CITY-ST-ZIP					<u> Y - 51 - 7</u>	np.				
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CITY-ST-ZIP	Miami, Flo	rida 3310/		3.4. CIT						
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NAME				4 2 NAM 4 3 STRE		perce				- 1
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NAME				5.2 NAM						Ì
STREET ADDRESS				5.3 STRE						ļ
CITY-ST-ZIP			DELETE	6.1 THU		r		Cha	ange	dition
NAME				G 2 NAM	AF.		<b>40000211</b> -03/19/970110	8384		_
STREET ADDRESS				6.3 STRI			-03/19/97011(	J9D26	w d	V
CITY-ST-ZIP	by certify that the informat	ion supplied with this f	ilina does not ous	64 CITY	exemp	tion stated	***165.00 in Section 119.07(3)(i), Florida Statute:	s. I further certify	10-Elit	12
informatio I am an oi	in indicated on this armua	Freport or supplement rporation or the receive	al annual report is er or trustee empov	true and ac vered to ex	ccurat	e and that:	my signature shall have the same lega as required by Chapter 607, Florida S	l effect as if mac	ic undex <b>bat</b> h;	that