

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M20172** (6)
1. Corporation Name
POLYVALUE INCORPORATED



Principal Place of Business: **2740 NW 112TH AVENUE MIAMI FL 33172 US**
Mailing Address: **2740 NW 112TH AVE MIAMI FL 33172 US**

3. Date Incorporated or Qualified: **09/04/1985**
3a. Date of Last Report: **05/16/1995**
4. FEI Number: **59-2574645**
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 SAME**
2a. Mailing Address: **26 SAME**
22. Suite, Apt. #, etc.:
23. City & State:
24. Zip: Country:
25. Country: Zip: Country:

9. Name and Address of Current Registered Agent
**VALLECILLE, YADIRA
2001 S.W. 142 CT.
MIAMI FL 33175**

10. Name and Address of New Registered Agent
81. Name: **VALLECILLO MAURICIO**
82. Street Address (P.O. Box Number is Not Acceptable): **2740 NW 112 TH AVENUE**
83.
84. City: **MIAMI** FL 85. Zip Code: **33172**

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 607.0504, Florida Statutes.

SIGNATURE: *Mauricio Vallecillo*

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	VALLECILLO, MAURICIO	
STREET ADDRESS	2001 SW 142 CT.	
CITY - ST - ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VALLECILLO, YADIRA	
STREET ADDRESS	2001 SW 142 CT	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	

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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 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 changes are on an attachment with an address.

SIGNATURE: *Mauricio Vallecillo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MAURICIO VALLECILLO

APRIL 25-1996

CR2E034 (12/95)