

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M66689** (4)

1. Corporation Name
GREENVALD CORPORATION



Principal Place of Business: **4112 AURORA ST CORAL GABLES FL 33146 US**
Mailing Address: **4112 AURORA ST CORAL GABLES FL 33146 US**

3. Date incorporated or Qualified: **01/27/1988**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **65-0270109**
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: **2295 NW 102 PL**
2a. Mailing Address: **2295 NW 102 PL**
22. Suite, Apt. #, etc.:
23. City & State: **Miami FL**
24. Zip: **33172**
25. Country:
26. Suite, Apt. #, etc.:
27. City & State: **Miami FL**
28. Zip: **33172**
29. Country:

9. Name and Address of Current Registered Agent: **VALVERDE, JUAN 2333 BRICKELL AVE., STE 1902 MIAMI FL 33129**
10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83.
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 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: _____
(Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating))

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|---------------------------------|
| TITLE: <input type="checkbox"/> DELETE | P VALVERDE, JUAN | 1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | P Valverde Juan |
| NAME: VALVERDE, JUAN | 4112 AURORA ST | 1.2 NAME: VALVERDE, JUAN | 2333 Brickell Ave # 1902 |
| STREET ADDRESS: 4112 AURORA ST | CORAL GABLES FL | 1.3 STREET ADDRESS: 2333 BRICKELL AVE # 1902 | Miami FL 33129 |
| CITY - ST - ZIP: CORAL GABLES FL | <input type="checkbox"/> DELETE | 1.4 CITY - ST - ZIP: Miami FL 33129 | |
| TITLE: <input type="checkbox"/> DELETE | V ALBERNY, JUAN T | 2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | V Juan T Alberny |
| NAME: ALBERNY, JUAN T | 4112 AURORA ST | 2.2 NAME: ALBERNY, JUAN T | 2295 NW 102 PL |
| STREET ADDRESS: 4112 AURORA ST | CORAL GABLES FL | 2.3 STREET ADDRESS: 2295 NW 102 PL | Miami FL 33172 |
| CITY - ST - ZIP: CORAL GABLES FL | <input type="checkbox"/> DELETE | 2.4 CITY - ST - ZIP: Miami FL 33172 | |
| TITLE: <input type="checkbox"/> DELETE | S VALVERDE, HATILDE | 3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | S VALVERDE Hatilde |
| NAME: VALVERDE, HATILDE | 2333 BRICKELL AVE | 3.2 NAME: VALVERDE, HATILDE | 2333 BRICKELL AVE # 1902 |
| STREET ADDRESS: 2333 BRICKELL AVE | MIAMI FL | 3.3 STREET ADDRESS: 2333 BRICKELL AVE # 1902 | Miami FL 33129 |
| CITY - ST - ZIP: MIAMI FL | <input type="checkbox"/> DELETE | 3.4 CITY - ST - ZIP: Miami FL 33129 | |
| TITLE: <input type="checkbox"/> DELETE | | 4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: | | 4.2 NAME: | |
| STREET ADDRESS: | | 4.3 STREET ADDRESS: | |
| CITY - ST - ZIP: | | 4.4 CITY - ST - ZIP: | |
| TITLE: <input type="checkbox"/> DELETE | | 5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: | | 5.2 NAME: | |
| STREET ADDRESS: | | 5.3 STREET ADDRESS: | |
| CITY - ST - ZIP: | | 5.4 CITY - ST - ZIP: | |
| TITLE: <input type="checkbox"/> DELETE | | 6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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 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 changed, or on an attachment with an address.

SIGNATURE: **Juan T Alberny** 2/26/96 (305) 718 9949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)