FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47996** **(6)**

1. Corporation Name

VALENCIA CONDOMINIUM INC.

Principal Place of Business	Mailing Address
C/O SPM GROUP, INC. 299 ALHAMBRA CIRCLE, STE. 203 CORAL GABLES FL 33134	C/O SPM GROUP, INC. 299 ALHAMBRA CIRCLE, STE. 203 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1992
3a. Date of Last Report: 04/04/1994
4. FEI Number: 65-0320276 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21: 299 Alhambra Circle	2a. Mailing Address 26: 299 Alhambra Circle
Suite, Apt. #, etc. 22: Suite 207	Suite, Apt. #, etc. 27: Suite 207
City & State 23: Coral Gables FL	City & State 28: Coral Gables FL
Zip 24: 33134 Country 25: USA	Zip 29: 33134 Country 30: USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RAUL AGULERA 299 ALHAMBRA CIR STE 203 CORAL GABLES FL 33134	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	PD	1.1 TITLE	P/D ☑ Change ☐ Addition
NAME	BENNARDO KRODRIGUEZ ,	1.2 NAME	BENARdo Rodriguez
STREET ADDRESS	2582 W 56 STR, APT 201	1.3 STREET ADDRESS	2582 W 56 ST Apt 201
CITY-ST-ZIP	HIALEAH FL 33016	1.4 CITY-ST-ZIP	Hialeah FL 33016
TITLE	VPD	2.1 TITLE	V/P ☑ Change ☐ Addition
NAME	NERNALDO GUN,	2.2 NAME	Reinaldo Gun
STREET ADDRESS	2582 W. 56 ST. NORTH 101	2.3 STREET ADDRESS	2582 W 56 ST 206
CITY-ST-ZIP	HIALEAH FL 33016	2.4 CITY-ST-ZIP	Hialeah, FL 33016
TITLE	SD	3.1 TITLE	S/D ☑ Change ☐ Addition
NAME	ALINA PERALTA,	3.2 NAME	Alina Peralta
STREET ADDRESS	2582 W. 56 STREET 201	3.3 STREET ADDRESS	2582 W 56 Street 204
CITY-ST-ZIP	HIALEAH FL 33016	3.4 CITY-ST-ZIP	Hialeah, FL 33016
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Reinaldo Gun 3/6/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007366