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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N47996 (6)

1. Corporation Name

VALENCIA CONDOMINIUM INC.



Principal Place of Business

Mailing Address

299 ALHAMBRA CIRCLE
207
CORAL GABLES FL 33134
US

2151 LE JUNE RD
#305
CORAL GABLES FL 33134
US

3. Date Incorporated or Qualified

03/23/1992

4. FEI Number

65-0320276

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAUL AGULERA
2151 LE JUNE RD
#305
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BENARDO KRODRIGUIEZ
STREET ADDRESS 2582 W 56 STR, APT 201
CITY-ST-ZIP HIALEAH FL

1.1 TITLE PA
1.2 NAME Mildred March (President)
1.3 STREET ADDRESS 2582 W. 56th St. #202
1.4 CITY-ST-ZIP Hialeah, FL 33016

TITLE VPD
NAME NERNALDO GUN,
STREET ADDRESS 2582 W. 56ST 208
CITY-ST-ZIP HIALEAH FL

2.1 TITLE PA
2.2 NAME Hugo Fontalvo (Treasurer)
2.3 STREET ADDRESS 2582 W. 56th St. #203
2.4 CITY-ST-ZIP Hialeah, FL 33016

TITLE SD
NAME ALINA PEHALTA,
STREET ADDRESS 2582 W 56ST 204
CITY-ST-ZIP HIALEAH FL

3.1 TITLE PA
3.2 NAME Alina Peralta
3.3 STREET ADDRESS 2582 W 56 St
3.4 CITY-ST-ZIP Hialeah, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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:

[Signature]

[Signature] 1305/ST-9215

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