

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P31149** (8)

1. Corporation Name
GRES DE VALLS, S.A.



Principal Place of Business: P.O. BOX 466, 12080 CASTELLON, SPAIN
Mailing Address: P.O. BOX 466, 12080 CASTELLON, SPAIN

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/28/1990	3a. Date of Last Report 08/10/1995
21. Suite, Apt. #, etc.	26.	Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22. City & State	27.	City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28.	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24.	25.	29.	30.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KLEIN, CHRISTOPHER J. PENTHOUSE, 200 SOUTHEAST FIRST ST., MIAMI FL 33131				81.	Name		
				82.	Street Address (P.O. Box Number is Not Acceptable)		
				83.			
				84.	City	FL	85.

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 officer 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARULL, JUAN	1.2 NAME	
STREET ADDRESS	CT. VIVER-PTO. BURRIANI KM.60,100	1.3 STREET ADDRESS	
CITY- ST- ZIP	CASTELLON, SPAIN	1.4 CITY- ST- ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTOLIU, JOSE	2.2 NAME	
STREET ADDRESS	CT. VIVER-PTO. BURRIANIA, KM 60,100	2.3 STREET ADDRESS	
CITY- ST- ZIP	CASTELLON, SPAIN	2.4 CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREVA, JOSE LUIS	3.2 NAME	
STREET ADDRESS	CT. VIVER-PTO. BURRIANIA, KM.60,100	3.3 STREET ADDRESS	
CITY- ST- ZIP	CASTELLON, SPAIN	3.4 CITY- ST- ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, RICARDO	4.2 NAME	
STREET ADDRESS	CT. VIVER-PTO. BURRIANIA, KM.60,100	4.3 STREET ADDRESS	
CITY- ST- ZIP	CASTELLON, SPAIN	4.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, MOLLO R	5.2 NAME	
STREET ADDRESS	CT. VIVER-PTO. BURRIANI, KM. 60,100	5.3 STREET ADDRESS	
CITY- ST- ZIP	CASTELLON, SPAIN	5.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISACH, LUIS MARTINEZ	6.2 NAME	
STREET ADDRESS	CT. VIVER-PTO. BURRIANIA, KM 60,100 .	6.3 STREET ADDRESS	
CITY- ST- ZIP	CASTELLON, SPAIN	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 attached sheet, with an address.

SIGNATURE: _____ Date: **2-13-96** (305) 593-6803 Daytime Phone #

CR2E034 (12/95)