

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 # **P31149** (8)

1. Corporation Name

GRES DE VALLS, S.A.



Principal Place of Business

Mailing Address

P.O. BOX 466
12080 CASTELLON. SPAIN

P.O. BOX 466
12080 CASTELLON. SPAIN

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/28/1990

3a. Date of Last Report

08/10/1995

4. FEI Number

NOT APPLICABLE

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MARULL, JUAN	
STREET ADDRESS	CT. VIVER-PTO. BURRIANI KM.60,100	
CITY-ST-ZIP	CASTELLON, SPAIN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MONTOIU, JOSE	
STREET ADDRESS	CT. VIVER-PTO. BURRIANIA, KM.60,100	
CITY-ST-ZIP	CASTELLON, SPAIN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BREVA, JOSE LUIS	
STREET ADDRESS	CT. VIVER-PTO. BURRIANIA, KM.60,100	
CITY-ST-ZIP	CASTELLON, SPAIN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ALVAREZ, RICARDO	
STREET ADDRESS	CT. VIVER-PTO. BURRIANIA, KM.60,100	
CITY-ST-ZIP	CASTELLON, SPAIN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARCIA, MOLLO R	
STREET ADDRESS	CT. VIVER-PTO. BURRIANI, KM. 60,100	
CITY-ST-ZIP	CASTELLON, SPAIN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ISACH, LUIS MARTINEZ	
STREET ADDRESS	CT. VIVER-PTO. BURRIANIA, KM.60,100	
CITY-ST-ZIP	CASTELLON, SPAIN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 page with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96 (305) 593-6803

Date

Daytime Phone #

CR2E034 (12/95)