

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 21 1997 8:00am
Secretary of State

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



3. Date Incorporated or Qualified 09/28/1990	3a. Date of Last Report 02/23/1996
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 P.O. Box 57 Suite, Apt. #, etc. 22 City & State 23 ONDA (CASTELLON) Zip 24 12200	2a. Mailing Address 26 P.O. Box 57 Suite, Apt. #, etc. 27 City & State 28 ONDA (CASTELLON) Zip 29 12200	Country 25 SPAIN 30 SPAIN
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9. Name and Address of Current Registered Agent

KLEIN, CHRISTOPHER J.
PENTHOUSE, 200 SOUTHEAST FIRST ST.,
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 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	P	1.1 TITLE	P
NAME	MARULL, JUAN	1.2 NAME	CAZORLA, JULIO
STREET ADDRESS	CT. VIVER-PTO. BURRIANI KM.60,100	1.3 STREET ADDRESS	CTRA. VIVER - PTO. BURRIANA, KM 60,100
CITY-ST-ZIP	CASTELLON, SPAIN	1.4 CITY-ST-ZIP	ONDA, CASTELLON, SPAIN
TITLE	T	2.1 TITLE	
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	3.1 TITLE	
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	4.1 TITLE	
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	5.1 TITLE	
NAME	GARCIA, MOLLA 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	6.1 TITLE	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0529494

CR2E034 (9/96)