

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

002334

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 OCT 20 PM 3:23

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000047683 (6)

1. Corporation Name  
 VALCO, INC.

Principal Place of Business  
 5395 N.W. 165TH ST.  
 MIAMI FL 33014

Mailing Address  
 5395 N.W. 165TH ST.  
 MIAMI FL 33014



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 06/30/1993

4. FEI Number  
 65-0419321

Applied For  
 Not Applicable

2. Principal Place of Business  
 21 Suite, Apt. #, etc.

2a. Mailing Address  
 26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

VALANCY, DAVID  
 5395 N.W. 165TH ST.  
 MIAMI FL 33014

10. Name and Address of New Registered Agent

81 Name IRANI FURROKH  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 5395 N.W. 165th ST.  
 84 City MIAMI FL 85 Zip Code 33014

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 *Iran Furokh*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 10/14/98

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	VALANCY, DAVID	
STREET ADDRESS	5395 N.W. 165TH ST.	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	VALANCY, SETH	
STREET ADDRESS	5395 N.W. 165TH ST.	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PATEL, MANECK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	219 MENORES AVE #1	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33034	
2.1 TITLE	IRANI FURROKH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	219 MENORES AVE #1	
2.4 CITY-ST-ZIP	CORAL, GABLES, FL 33034	
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		

100002670141-6  
 -10/22/98-01063-010  
 \*\*\*550.00 Change \*\*\*550.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham*

DATE 9/27/98

PHONE (305) 624-1200

CR2E034 (5/98)