PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	P93000078482	(5)
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1. Corporation Name

VALDIMA, CORP.

Principal Place of Business

6175 N.W. 153rd St.

Suite 215

Mailing Address

6175 N.W. 153rd St.

Suite 215

May 13, 1999 8:00 am Secretary of State

05-13-1999 90003 049 ***150.00

DO NOT WRITE IN THIS SPACE

Miami Lakes, FL 33014 Miami Lakes, FL 33014			3. Date Incorporated or Qualifed			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
6175 N.W. 153rd St.	26 6175 N.W. 15	3rd St.	65-0448595	Not Applicable		
Suite, Apt. #, etc. 2 Suite 312	Suite, Apt. #, etc. 27 Suite 312		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State 3 Miami Lakes, FL	City & State 28 Miami Lakes, FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country	Zíp Country		8. This corporation owes the current year Intangible			
4 33014 25 US	29 33014 30	US	Personal Property Tax.	☐ Yes 🔀 No		
9. Name and Address of Current	10. Name and Address of New Registered Agent					
Sheldon Evans, P.A.	81 Name Sheldon Evans, P.A.					
6175 N.W. 153rd Street		82 Street Address (P.O. Box Number is Not Acceptable) 6175 N.W. 153rd Street				
Suite 215		83 Su	ite 312			
Miami Lakes, FL 33014		ami Lakes, F	= 000 t 1			
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 of corporation's board of directors. It berefy accept the appointment as registered						

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE 1.1 TITLE X Change TITLE PD Carrion, V E 6175 N.W. 153rd St., Ste. 312 Carrion, V E 6175 N.W. 153rd St., Ste. 215 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS Miami Lakes, FL 33014 Miami Lakes, FL 33014 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE VSD X Change TITLE VSD 2.1 TITLE Carrion, I V 6175 N.W. 153rd St., Ste. 215 Carrion, I V 6175 N.W. 153rd St., Ste. 312 2.3 STREET ADDRESS STREET ADDRESS Miami Lakes, FL 33014 Miami Lakes, FL 33014 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE X Change ☐ Addition 3.1 TITLE TITLE Orrantia, Valentina C Orrantia, Valentina C NAME 3.2 NAME 61756N?W. 153rd St., Ste. 215 6175 N.W. 153rd St., Ste. 312 3.3 STREET ADDRESS STREET ADDRESS Miami Lakes, FL 33014 Miami Lakes, FL 33014 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition ☐ DELETE ☐ Change 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO V. CARRION TRESIDENT

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