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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90151 024 ***150.00

DOCUMENT #	P93000084836
f Cornoration Name	

GRUPO VALMI OF FLORIDA, INC.

Principal Place of Business	Mailing Address			
166 ROYAL PALM DRIVE FORT LAUDERDALE FL 33301	C/O ROBERT R. ADAMS. ESC 701 BRICKELL AVENUE #2150 MIAMI FL 33131		DO NOT WRITE IN TH	IS SPACE
			3. Date incorporated or Qualifed 12/13/1993	
2. Principal Place of Business	2a. Mailing Address	•	4, FEI Number	Applied For
21	26 c/o Robert R	. Adams, Esq	65-0460268	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27 1200 Bricke1	L Ave., #900	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State 28 Miami, Floric Zip	_	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		Country	8. This corporation owes the current year I	
24 25	29 33131 30	USA_	Personal Property Tax.	☐ Yes XNo
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
ADAMS, GALLINAR, IGLESIAS, ET AL ATTN: ROBERT R. ADAMS, ESQ.		1 1	Registered Agents, Inc. dress (P.O. Box Number is Not Acceptable) Brickell Avenue, Suite 9	
701 BRICKELL AVE., STE. 2150 MIAMI FL 33131		83 RRA		
1 - //		84 City	ı F	
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or bottl, if the State of agent. I am fantility with and accept the obligation	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	the above-named cor orized by the corporal a Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its registered ointment as registered
SIGNATURE Sonatore, riped or printed rieme of registered agent	ent, PHIM Regist	cistered Agent Shature requi	red when reinstature)	<u> </u>
Sgnattre, Iped or printed rame of registered agent 12. OFFICERS AND	and the nopposite	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE TSD	☐ DELETE	1.1 TITLE		Change Addition

ORS IN 12 ☐ Addition Calvo, angela NAME 1.3 STREET ADDRESS 1200 Brickell Avenue, Suite 900 STREET ADDRESS 701 BRICKELL AVE., STE. 2150 MIAM! FL 33131 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE □ DELETE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE Change □ DELETE TITLE 6.2 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 traster ampowered 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 dress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 1999

CR2E034

= 795

 $\equiv \bar{z}$