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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9400002118 (5)

Corporation retirie	C	
VALENTINO	& LOVE,	INC.

Mailing Address Principal Place of Business 12925 CLIFTON DRIVE 12925 CLIFTON DRIVE **BOCA RATON FL 33428 BOCA RATON FL 33428** 3a. Date of Last Report 3. Date Incorporated or Qualified 01/07/1994 01/11/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0458947 Not Applicable 21 504 SE 22 ST 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 6. Election Campaign Financing \$5.00 May Be City & State Г٦ Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country 25 Broward ☐ Yes ☐ No Florida Statutes 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name VITTORIO, RUDOLPH Street Address (P.O. Box Number is Not Acceptable) 82 1575-V SPRING HARBOR DRIVE **DELRAY BEACH FL 33445** 85 Zip Code 84 City 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. DATE [NO1E Registered Agent signature required when reinstating) Styrature, typed or prefed han elof registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. ☐ Change ☐ Addition DELE1E 1. 1 TITLE 117 t E VITTORIO, RUDOLPH 1.2 NAME NAME 12925 CLIFTON DRIVE 1.3 STREET ADDRESS STREET ADORESS **BOCA RATON FL 33428** 14 CHY-ST-ZIP 011Y - \$1 - ZIP Addition Change DELETE 2 1 TITLE TillE SAX. LISA A 2.2 NAME NAME 12925 CLIFTON DRIVE 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** 2.4 CITY - \$1 - ZIP CHTY-ST-ZIP Change Addition T] DELETE 3 1 TITLE III.E 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP C-1 Y - \$1 - 7(f) ☐ Change ■ Addition DELETE 4 1 TITLE T-11F 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY ST-ZIF Addition 5 1 TITLE DELETE TIELF 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY- ST ZIF Addition Change DELETE 6 1 THILE THEF 6.2 NAME NAME

63 STREET ADDRESS

6 4 CITY - ST - ZIP

STREET ADDRESS

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), Fiorida 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 certify 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

Date

CR2E034