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

DOCUMENT # P94000010407 (2)

VALRESIA CORP.

Principal	Place	of Busin	าอรร

AUS-

9508 S.W. 118 COURT MIAMI FL 33188 Mailing Address

9508 S.W. 118 COURT MIAMI FL 33186-2140

FILED Apr 21 1997 8:00am Secretary of State



						3. Date incorporated or Qualified 02/09/1994		te of Last F 18/1996	leport	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			pplied For	
21		26				65-0472597		N ₁	ot Applicable	
Sulte, Apt.		Suite, Apt. #, etc.		_		5. Certificate of Status Desired			Additional equired	
City & State City & State						6. Election Campaign Financing			Мау Ве	
23 Z(p	Country	28 Z _I p	Countr			Trust Fund Contribution	<u>Ll</u>		to Fees	
24	25	29	30	y		8. This corporation has liability for i	ntangible] Yes = [[3. 199.032,	
<u> </u>	9. Name and Address of Curren		1301			10. Name and Address of New Reg				
KINI	ESÉ, ANA L		8	1	Name					
	8 S.W. 118 COURT		-	- -	0	70 O B N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	MI FL 33186		8	82 Street Address (P.O. Box Number is Not Acceptable)						
			8:	3					·	
			_	. -						
•			84	4	City		FL	85 Zip	Code	
11. Pursuant 1	o the provisions of Sections 607.050	2 and 607.1508, Florida Stat	lutes, the abo	ve-	named corp	oration submits this statement for the p	urpose of	changing i	ts registered	
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505,	s authorized t Florida Statute	oy t es	the corporation	on's board of directors. I hereby accep	t the appo	ointment as	registered	
SIGNATURE	Signature, typed or printed name of registered age	nt and little if applicable (N	IOTE Registered A	gent	it signature require	ad when roinstaling)	L)ATE			
12,	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFIC			1S IN 12	
TITLE	P	☐ DELETE	1.1 TITLE					Change	Addition Addition	
NAME }	KINESE, ANA L		1.2 NAME	ŧ						
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CITY-ST-ZIP	MIAMI FL 33186		1.4 C/1Y	- \$1-	- ZIP					
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NAME			5.2 NAME							
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CITY-ST-ZIP			5.4 CITY-		- ZIP					
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NAME			6.2 NAME							
STREET ADDRESS			6 3 STREE	ET AI	DDRESS					
CITY-ST-ZIP			6.4 CITY-	ST-	- ZIP			·		
I do hereb Information (am an of appears in	y ceruly that the information supplied in Indicated on this annual report or s floer or director of the corporation or h Block 12 or Block 13 if changed, or	I with this filing does not qua upplemental annual report is the receiver or trustee empor on an attachment with an a	ality for the ex s true and acc owered to exe iddress.	em cura cul	iption stated ate and that i ite this report	in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal as required by Chapter 607, Florida S	. I further effect as atutes; ar	certify that if made un id that my r	the der oath; tha name	