

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 SEP 19 PM 1:33

DOCUMENT # P94000029738 (9)

1. Corporation Name  
**VALENTIN, INC.**



Principal Place of Business Mailing Address  
**6346 LANTANA RD SUITE 64 LAKE WORTH FL 33463 US**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified **04/14/1994** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **65-0493242** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**WHALEN, TIMOTHY L  
400 AUSTRALIAN AVE S  
SUITE 850  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>HAWRYLUK, MARCELO</b>	
STREET ADDRESS	<b>8511 WENDY LN N</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33411</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/>
NAME	<b>HAWRYLUK, SANDRA</b>	
STREET ADDRESS	<b>8511 WENDY LN N</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33411</b>	
TITLE	<b>T</b>	<input type="checkbox"/>
NAME	<b>HAWRYLUK, VALENTIN</b>	
STREET ADDRESS	<b>8511 WENDY LN N</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33411</b>	
TITLE	<b>AS</b>	<input type="checkbox"/>
NAME	<b>HAWRYLUK, NORMA</b>	
STREET ADDRESS	<b>8511 WENDY LN N</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33411</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	<b>SECRETARY</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 NAME	<b>HAWRYLUK, CARLOS</b>		
13 STREET ADDRESS	<b>8511 WENDY LANE N.</b>		
14 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33411</b>		
21 TITLE	<b>USD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	<b>CHERNOV, SANDRA</b>		
23 STREET ADDRESS	<b>4165 NW 90TH AVE. #203</b>		
24 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>		
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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)(c), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. Hawryluk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-96 (561) 966-9568  
DATE TYPE/FILING #