

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

FILED  
Apr 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000029738 (9)**  
1. Corporation Name  
**VALENTIN, INC.**



Principal Place of Business <b>6346 LANTANA RD SUITE 64 LAKE WORTH FL 33463 US</b>	Mailing Address <b>6346 LANTANA RD SUITE 64 LAKE WORTH FL 33463-6664 US</b>
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3. Date Incorporated or Qualified <b>04/14/1994</b>	3a. Date of Last Report <b>09/16/1996</b>
4. FEI Number <b>65-0493242</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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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 **(same)**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**301 CLEMATIS STREET**  
83 **SUITE 200**  
84 City **WEST PALM BEACH FL** 85 Zip Code **33401**

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 signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>HAWRYLUK, MARCELO</b>	
STREET ADDRESS	<b>8511 WENDY LN N</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33411</b>	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	<b>CHERNOW, SANDRA</b>	
STREET ADDRESS	<b>4165 NW 90 AVE. #203</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS 33 08511</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>HAWRYLUK, VALENTIN</b>	
STREET ADDRESS	<b>8511 WENDY LN N</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33411</b>	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	<b>HAWRYLUK, NORMA</b>	
STREET ADDRESS	<b>8511 WENDY LN N</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33411</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>HAWRYLUK, CARLOS</b>	
STREET ADDRESS	<b>8511 WENDY LANE N.</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33411</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL. 33065</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)