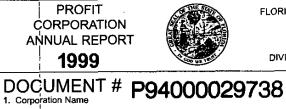
VALENTIN, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90035 003 ***150.00

E 1881, 1881 (BIN) BIRN) BIRN) BIRN) BIRN) BIRN) BIRN) BIRN) (BIRN) (BIRN) BIRN) BIRN) BIRN) BIRN) BIRN) BIRN

,					,				
Principal	Place of Business	Mailing Address					TA SIBIN INITE INDO	(B) (\$101 \$01) 1001	
6346 LANT SUITE 64	SUITE 64					DO NOT WRITE IN THIS SPACE			
	TH FL 33463	LAKE WORTH FL 33463				3. Date Incorporated or Qualifed	10 OF AUE		
US		US				04/14/1994		1	
2 Delegale	pal Place of Business				4. FEI Number	A	pplied For		
_ `	dai Flace of Business	2a. Mailing Address				65-0493242	— — — ·	ot Applicable	
21 Suite.	'Apt. #, etc.	Suite, Apt. #, etc.					\$8.75	Additional	
22		27				5. Certifcate of Status Desired		equired	
City &	State	City & State	-	· 		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip						8. This corporation owes the current year	_		
24	25	29 . 30				Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent	81	Name		10. Name and Address of New Registere	a Agent		
,	; Whalen, Timothy L		Ľ	1401110					
	301 CLEMATIS STREET			Street	Addre	Idress (P.O. Box Number is Not Acceptable)			
	STE #200		83	3					
1	WEST PALM BEACH FL 33401					<u> </u>	es 7in	Code	
	!		84	City		F	L 85 Zip	Code	
11. Purs	uant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	he abov	/e-named	corpo	ration submits this statement for the purpose	of changing it	s registered	
office	e or registered agent, or both, in the State on t. I am familiar with, and accept the obligation	f Florida. Such change was autho	rizea ov	/ the corp	oration	n's board of directors. I hereby accept the app	Journal as r	egistered	
SIGNATI	1	, , , , , , , , , , , , , , , , , , , ,							
SIGNATI	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regi		ent signature	required	when reinstating) DATE		000 0140	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS	Change		
TITLE	PD	☐ DELETE	1.1 TITLE				[_] Orlange		
NAME	HAWRYLUK, MARCELO		1.2 NAME		1	•		l	
STREET ADD	1 1 44 11 11 11 11 11 11			ET ADDRESS					
CITY-ST-ZIF		☐ DELETE	1.4 CITY-:	ST-ZIP	\vdash	<u> </u>	Change	Addition	
TITLE	VSD CANDDA		2.2 NAME					_	
NAME	CHERNOW, SANDRA			ET ADDRESS	.}			}	
STREET ADI			2.4 CITY-					Ì	
CITY-ST-ZIF	CORAL SPRINGS FL	_ DELETE	3.1 TITLE	-31-ZIF			☐ Change	Addition	
NAME	HAWRYLUK, VALENTIN		3.2 NAME					Ī	
STREET ADI				ET ADDRESS		•		l	
CITY-ST-ZIF	LUZOT BALLE DEAGLE EL COALLE		3.4. CITY-						
TITLE	AS	☐ DELETE	4.1 TITLE				Change	Addition	
NAME	HAWRYLUK, NORMA		4. 2 NAME					•	
	DRESS 8511 WENDY LN N	}	4.3 STREI	ET ADDRESS	,				
CITY-ST-ZIF			4.4 CITY-	ST-ZIP	<u> </u>				
TITLE	S	☐ DELETE	5.1 TITLE				Change	Addition	
NAME	HAWRYLUK, CARLOS		5.2 NAME						
STREET ADO		1	5.3 STRE	ET ADDRESS	1	•			
CITY-ST-ZIF			5.4 CITY-		\perp				
TITLE		. DELETE	6.1 TITLE		ĺ		☐ Change	Addition	
NAME			6.2 NAME					-	
	11	•	63 STREE	FT ADDRESS	۱)			i i	

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

RECUIRED