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**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000033425 (7)

## **FILED** Jan 20 1998 8:00am Secretary of State

| IVI- VAL  | ENZUELA GI                            | INERAL MAINT                               | ENAINC      | E INC.              |         |         |               |  |   |          |  |
|---|---------------------------------------|--|-------------|---------------------|---------|---------|---------------|--|---|----------|--|
| Principal Plac  | e of Business                         | Mailing Address                            |             |                     |         |         |               | T SOBPLEAN AND TOTAL BREIT ORIGIN COURT ORIGIN CLIED, VIEND THAN BEGIN HAND THAN THE |   |          |  |
| 5432 EDGERT   | TON AVENUE                            | 5432 EDGERTON AVENUE                       |             |                     |         |         |               |  |   |          |  |
| LAKE WORTH FL 33463   |                                       |  |             | LAKE WORTH FL 33463 |         |         |               |  | DO NOT WRITE IN THIS SPACE  |          |  |
|   |                                       |  |             |                     |         |         |               |  | 3. Date Incorporated or Qualified   |          |  |
|   |                                       |  |             |                     |         |         |               |  | 04/29/1994  | - 1      |  |
| 2. Principal F  | lace of Business                      | 2a, Mailing Address                        |             |                     |         |         |               | 4. FEI Number Applied For  | $\Box$  |          |  |
| 21  |                                       | 26   |             |                     |         |         |               | 65-0577993 Not Applicat  | ole   |          |  |
| Suite, Apt.   | #, etc.                               | Suite, Apt. #, etc.                        |             |                     |         |         |               | 5 Certificate of Status Decired \$8.75 Additional                                    | $\neg$  |          |  |
| 22  |                                       |  | 27          |                     |         |         |               |  | 5. Continuate of Status Desired Fee Required  | _        |  |
| City & Stat   | le                                    | City & State                               |             |                     |         |         |               | 6. Election Campaign Financing \$5.00 May Be   | -   |          |  |
| 23  |                                       |  | Zip Country |                     |         |         |               |  | Trust Fund Contribution Added to Fees   |          |  |
| Zip   | · · · · · · · · · · · · · · · · · · · |  | <del></del> | <del>_</del> ,      |         | ountry  |               |  | 8. This corporation owes or has paid the current year Intangible                        |          |  |
| 24  | 25 25                                 | Address of Curren                          | 29          | red Ament           | 30      |         |               |  | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent | $\dashv$ |  |
|   |                                       |  | I Hegister  | I BO WOOLI          |         | 81      | Name          |  | 10. Hame alle Addiese of New Hedisters Adeir  | $\dashv$ |  |
|   | LENZUELA, MA                          |  |             |                     |         |         | 1101110       |  |   |          |  |
| 5432 EDGERTON AVENUE  |                                       |  |             |                     |         |         | Street        | Address (P.O. Box Number is Not Acceptable)  |   |          |  |
| LA!   | KE WORTH FL                           |  |             |                     | 83      |         |               |  | $\dashv$  |          |  |
|   |                                       |  |             |                     |         |         |               |  |   |          |  |
|   |                                       |  |             |                     |         | 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   |                                       | <del> </del>                               |             |                     |         |         |               | <del></del>  |   | _        |  |
| 12.   | Signature, typed or prin              | ned name of registered age<br>OFFICERS AND |             |                     | 13.     | 1 Age   | int signature | e required   | d when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                  | į        |  |
| TITLE   | Ö                                     | OT TIOETO THE                              | DITEO!      | DELETÉ              | 1.1 TO  | LE      |               | T  | Change Additi   | on i     |  |
| NAME  | VALENZUEL                             | A MARIO                                    |             | <del></del>         | 12 N    |         |               | 1  | • —   | - {:     |  |
| STREET ADDRESS 5432 EDGERTON AVENUE   |                                       |  |             | 1.3 STREET ADDRESS  |         |         | ADDRESS       |  |   |          |  |
| CITY-ST-ZIP   | LAKE WORT                             |  |             |                     | 1.4 CI  |         |               |  |   |          |  |
| TITLE   |                                       |  |             | DELETE              | 2.1 111 |         |               | †  | ☐ Change ☐ Addition   | ᇑ        |  |
| NAME  | {                                     |  |             |                     | 2.2 NA  | ME      |               | Į  |   | [        |  |
| STREET ADDRESS  | į                                     |  |             |                     | 2.3 \$1 | REET    | ADDRESS       |  | ,   | ľ        |  |
| CITY-ST-ZIP   |                                       |  |             |                     | 2.4 C   | ITY-S   | ST-ZIP        |  | · -   |          |  |
| TITLE   |                                       |  |             | DELETE              | 3.1 TII | ILE     | -             | 1  | ☐ Change ☐ Additi   | on       |  |
| NAME  |                                       |  |             |                     | 3.2 NA  | ME      |               |  |   |          |  |
| STREET ADDRESS  |                                       |  |             |                     | 3.3 S1  | REET    | ADDRESS       |  |   | 1        |  |
| CITY-ST-ZIP   |                                       |  |             |                     | 3.4 C   | 1Y-S    | T-ZIP         | <u></u>  |   |          |  |
| TITLE   |                                       |  |             | ☐ DELETE            | 4.1 111 | LE      |               | 1  | Change Additi   | 0n       |  |
| NAME  |                                       |  |             |                     | 4.2 N   | AME     |               |  |   |          |  |
| STREET ADDRESS  |                                       |  |             |                     | 4 3 ST  | HEET    | ADDRESS       | ļ  |   | - [      |  |
| CITY-ST-ZIP   |                                       |  |             |                     | 4.4 CC  | TY-\$   | T-ZIP         |  |   | _        |  |
| TITLE   |                                       |  |             | ☐ DELETE            | 5.1 111 | LE      |               |  | Change Modditi  | on       |  |
| NAME  |                                       |  |             |                     | 5.2 NA  | ME      |               |  |   |          |  |
| STREET ADDRESS  |                                       |  |             |                     | 5.3 ST  | REET.   | ADDRESS       | 1  |   |          |  |
| CITY-ST-ZIP   |                                       | ······································     |             | ·····               | 5.4 CI  | TY-\$   | T - ZIP       |  |   | _        |  |
| TITLE   |                                       |  |             | ☐ DELETE            | 6.1 TIT | ΊĒ      |               | ]  | Change Additi   | an       |  |
| NAME  |                                       |  |             |                     | 6.2 NA  | ME      |               |  |   |          |  |
| STREET ADDRESS  |                                       |  |             |                     |         | address |               |  |   |          |  |
| CITY-ST-ZIP   |                                       |  |             |                     | 6.4 CH  | Y - S1  | T-ZIP         | <u></u>  |   | $\perp$  |  |

14. Thereby 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 occiver 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.