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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000045702 (5)

VALL-MON'S AUTOMATED METAL POLISHING SERVICE INC

Principal Place of Business

Mailing Address

FILED Feb 19 1997 8:00am Secretary of State



2322 SW 56 TERR HOLLYWOOD FL 33023		5305 SW 116 AVE. COOPER CITY FL 33330-4210						
					3. Date Incorporated or Qualified 06/15/1994	3a. Date o		port :
2. Principal Place	of Business	2a. Mailing Address			4. FEI Number	_	Ap	pli ed For
1		26		65-0507500			t Applicable	
Suite, Apt. #, etc. 2		Suite Apt. #. etc.	_ <u>}</u>		5. Certificate of Status Desired	□ s	6.75 A	Additional quired
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip ≥4]	Country Zip 25 29						199.032,	
	Name and Address of Cu	rrent Registered Agent		nal 1.	10. Name and Address of New Re	gistered Age	<u>nt</u>	
	Y, ENRIQUE A		[]	81 Name				
	N 116 AVE R CITY FL 33330				dress (P.O. Box Number is Not Acceptab	ele)		
,				83				
			[84 City		FL 8	5 Zip (Code
11. Pursuant to the	e provis ons of Sections 607.	0502 and 607 1508, Florida Stat	utes, the ab	ove-named cor	rporation submits this statement for the p	urnose of cha	inging it	s registered
offic∈ or regist	ered agent, or both, in the S williar with, and accept the o	tate of Florida. Such change was bligations of Section 607 0505. I	s authorized Florida Statu	by the corporates.	ation's board of directors. I hereby accep	ot the appoint	ment as	registered
SIGNATURE	mue la Co	Jones				1-30-	-97	>
3 p	Approve purel name of except stone		·····	Agent signature requ				
12.	○FFICE क् ड ेऽD	AND DIRECTORS DELETE	13.	T	ADDITIONS/CHANGES TO OFFIC		RECTOR:	S IN 12
	ONROY, ENRIQUE		1.1 100	ļ		Ll	CHANGE	LJ Addition
	005 SW 116 AVE		1.2 NAI	ME REET ADDRESS	•			
	OOPER CITY FL 33330			Y-ST-ZIP				
rate Pl)	ALIXTODELETE	21111				Change	Addition
NAME V	allejo, galixto 🦠	THEIRIO	2.2 NA	ME				
	190 E FIRST AVE		2.3 STF	REET ADDRESS				
	ALEAH FL 33012			TY - ST - ZIP				
TIPLE		☐ DELETE	3.1 1(1				Change	Addition
NAME			3.2 NA	i				
STREET ADDRESS				REET ADDRESS				
CHTY+ST-ZIP THLE	2999 10 - \$55	DELETE	3.4. CF 4.1 T/T	TY-ST-ZIP		П	Change	Addition
NAME		tand Seekith	4. 2 NA	1				
STREET ADDRESS				REET ADDRESS				
CITY S1 - 26°			4.4 CIT	Y-ST-ZIP				
Title		DELETE	51717	LE	, , , , , , , , , , , , , , , , , , , ,		Change	Addition Addition
NAME			5.2 NA	ME				
STREET ADDRESS				REET ADDRESS				
City - S1 - 745	,	Dougra		Y-ST-ZIP			Chacas	A date:
TITLE		☐ DELETE	61111			Ų	Change	Addition
NAME CTOSEL AUXOREGE			62 NA	1				
STREET ADDRESS			1	REET ADDRESS				
CITY - 51 - ZIP			6 4 CIT	Y - ST - ZIP				

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 3 if changed or on an attachment with an address.

SIGNATURE:

ENTIQUE MONDY 305-364-