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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000047949 (0)**

1. Corporation Name

VALUE ASSETS, INC.

Principal Place of Business	Mailing Address
C/O US 1 INVESTMENTS REALTY 6245 N FEDERAL HWY. 5TH FLOOR FT. LAUDERDALE FL 33308 US	C/O US 1 INVESTMENTS REALTY 6245 N FEDERAL HWY. 5TH FLOOR FT. LAUDERDALE FL 33308 US

3. Date Incorporated or Qualified: 06/23/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 121 E. BROWARD BLVD.
Suite, Apt. #, etc.
22 SUITE 200
City & State
23 FORT LAUDERDALE FL
Zip: 24 33301 Country: 25 USA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27 SAME
City & State
28 SAME
Zip: 29 SAME Country: 30 SAME

4. FEI Number: 65-0525653 ☐ 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

WARNER, J. STEVEN PA
6245 N FEDERAL HWY
SUITE 506
FT. LAUDERDALE FL 33308

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	11 TITLE	P$TD ☐ Change ☐ Addition
NAME	KURTEN, LEONARD	12 NAME	KURTEN, LEONHARD
STREET ADDRESS	28 PELICAN DRIVE	13 STREET ADDRESS	38 PELICAN DRIVE
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	14 CITY-ST-ZIP	
TITLE	☐ DELETE	21 TITLE	SECRETARY ☐ Change ☒ Addition
NAME		22 NAME	JORG HRUSCHKA
STREET ADDRESS		23 STREET ADDRESS	1555 MW 81 AVE
CITY-ST-ZIP		24 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	700001829397
TITLE	☐ DELETE	61 TITLE	-05/20/96--01047--043 ☐ Change ☐ Addition
NAME		62 NAME	***200.00
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

5/17/96

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)(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: Leonhard KURTEN 04/26/96 (954)462-0061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #