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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000063631 (3)
1. Corporation Name
GREENVALD SERVICES OF AMERICA, INC.

Principal Place of Business 2333 BRICKELL AVE 1802 MIAMI FL 33129	Mailing Address 2333 BRICKELL AVE 1802 MIAMI FL 33129-2415
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3. Date Incorporated or Qualified 08/25/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0608535	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent

**VALVERDE, JUAN
2333 BRICKELL AVE
#1802
MIAMI FL 33129**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	VALVERDE, JUAN
STREET ADDRESS	2065 S. BAYSHORE DR., SUITE 1100
CITY - ST - ZIP	COCONUT GROVE FL 33133
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	700002251587--1
1.4 CITY - ST - ZIP	-07/29/97--01127--006
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	****165.00 ****165.00
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	7-25-97
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.

CR2E034 (9/96)

(2)

TRATTORIA
PAMPERED
CHEF



Trattoria Pampered Chef Corporation

JULY-16, 1997

REF. ANNUAL'S REPORTS

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION

PER MY TELEPHONE CONVERSATION WITH MS TRACY
S, ENCLOSE PLEASE FIND TWO CHECKS FOR \$165. =
EACH ONE. ONE FOR THE DOCUMENT K 45018
AND THE SECOND ONE P 940000 63631 - GREENVALD
SERVICES OF AMERICA.

UNDER OATH I MONIBY STATE FLA. I WAS
HOSPITALIZED WITH AN EMERGENCY NEUROSURGERY
MY SPINAL CORD FROM MARCH 1997 UNTIL JUNE
5 1997. IN MAISON SANTE LIMA - PERU.

I APPRECIATE IF YOU WILL WAIVE THE PENALTIES
AND ACCEPT THE PAYMENTS ON MY TWO
COMPANIES TO ALIVVIATE MY FINANCIAL
DIFFICULTIES.

SINCERELY

TRATTORIA Pampered Chef Corp.

GREENVALD SERVICES

P.D. - SORRY FOR THE PAPER.