FILED

03-01-1999 90254 015 ***150.00

03-01-1999 90254 016 *****8.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000023301

1. Corporation Name

VALMAR PROPERTIES, CORP.												
Principal Place			Mailing Addr					Ì				
13800 SW 8 ST 13800 SW 8 ST SUITE 381												
SUITE 381 SUITE 381 Miami Fl 33184 Miami Fl 33184									DO NOT	WRITE IN THIS	SPACE	
									3. Date Incorporated or Qua	lifed		
}								ļ	03/22/1995			
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number		Ap	plied For		
21			26					65-0573368			t Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certifcate of Status Desire	ed 🔀	\$8.75 A Fee Re		
22		City & State						 .				
City & State			City & State					Election Campaign Finant Trust Fund Contribution	cing	\$5.00 Added t	,	
Zip Country			Zip Country					8. This corporation owes the	current year Int		01003	
24	25	wy	29		30	,			Personal Property Tax.	Concil your mic	Yes	□No
24	g Name and Add	Iress of Current R		ent	1301	1			10. Name and Address of N	lew Registered	Agent	
						81	Name					
	ente, alejandro	I				82	Street	Addres	s (P.O. Box Number is Not Ac	ceptable)		
13800 SW 8 ST						OZ Greek Address (F.O. Box Mulliber is Not Addeption)						
. ,	E 381					83						
. MIAN	AI FL 33184					84	City				85 Zip (Code
							•			FL	.]	
I √ office or a	enistered agent or ho	oth in the State of I	Florida, Such c	hande was a	autnonze	a bv	the corp	corpor	ation submits this statement for 's board of directors. I hereby	r the purpose of accept the appoi	changing its ntment as re	registered (gistered
agent. I a	m familiar with, and a	ccept the obligation	ns of, Section 6	607.0505, Fl	orida Stat	utes	,					-
SIGNATURE										DATE		
ACTUACION AND DISCUSTORIO						Agen	it signature	required w	when reinstating) ADDITIONS/CHANGES TO		ID DIRECTO	RS IN 12
12. TITLE	PVST	OFFICE NO AND		DELETE	13. 1.1 Ti	ITLE			ADDITIONO, SITUATION IN		Change	Addition
NAME	VALIENTE, ALEJA	NDRO			1.2 N	AME						
STREET ADDRESS	13800 SW 8 ST SUITE 381				1.3 8	1.3 STREET ADDRESS						1
CITY-ST-ZIP	MIAMI FL 33184				1.4 C	1.4 CITY-ST-ZIP						
TITLE	D			DELETE	2.1 T	MLE					Change	☐ Addition
NAME	VALIENTE, MARIA	i			2.2 N	AME			•			
STREET ADDRESS	ss 1131 STILL WATER DR					2.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33141				2.40	2. 4 CITY-ST-ZIP						
TITLE			Γ	DELETE	3 1 T	MLE			•		Change	Addition
NAME					3.2 N	AME						
STREET ADDRESS					3.3 \$	TREET	ADDRESS					
CITY-ST-ZIP						nty-s	T-ZIP	-			Change	☐ Addition
TITLE			ι	DELETE	4.1 T						Change	
NAME						AME -						
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP				DELETE		ITY-S	T-ZIP	1			☐ Change	Addition
TITLE			·		5.1 T	IAME						
NAME							TADDRESS					
STREET ADDRESS					- 1	ITY-S						
CITY-ST-ZIP				DELETE	6.1 T		,				Change	Addition
NAME					1	AME						_
STREET ADDRESS							T ADDRESS					

CITY-ST-ZIP 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 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 nyor the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or on an attackment with an address, with all other like empowered. 14. I hereby certify that the information indicated on this annual apport out officer or director of the corporation Block 12 or Block 15 if changed, e

6.4 CITY-ST-ZIP

SIGNATURE