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 # P9500035692 (9)

FILED May 15 1997 8:00am Secretary of State

A.M. VALES, INC. Principal Place of Business Mailing Address 3743 CARAMBOLA CIRCLE N. COCONUT CREEK FL 33066 COCONUT CREEK FL 33066-2443								
					3. Date Incorporated or Qualified 05/01/1995		of Last F	Report
*****	Place of Business	2a. Mailing Address			4. FEI Number		A	oplied For
Suite, Apt	1 #. elc	Suite, Apt. #, etc.			65-0583868			ot Applicable Additional
22		27			5. Certificate of Status Desired			equired
City & Sta	nte .	City & State			6. Election Campaign Financing	r		May Be
2 3 Zip	Country	28	Cou	intry	Trust Fund Contribution 8. This corporation has liability for	intendible te		199 032
24	25	29	30		Florida Statutes	Yes 🗀	No	1. 135.002,
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered Ag	jent	
VALES, ANITA M				81 Name				
	43 CARAMBOLA CIRCLE N. CONUT CREEK FL 33066			82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)		
	OUND! OREN FL 33000			83				
				84 City			85 Zip	Code
		***************************************		-		FL		
office or agent T	registered agent, or both, in the Sta am familiar with, and accept the obli	ite of Florida. Such change wa igations of, Section 607.0505.	is authorize Florida Stat	d by the corpora lutes.	rporation submits this statement for the pation's board of directors. I hereby accept	ot the appoi	ntment as	registereu
SIGNATUHE	Signature, typed or punied name of registered a	agent and the if applicable (F	IOTE: Registere	d Agent signature requ	ation's board of directors. I hereby acception acception of the constant of th	DATE DERS AND [DIRECTOR	RS IN 12
SIGNATURE. 12. TITLE	Signature, type of or pented name of registered a OFFICERS A	agent and title if applicable (f	IOTE: Registere 13.	d Agent signature requ	uired when reinstating)	DATE DERS AND [
SIGNATURE. 12. THEE NAME	Signature, type of or pented name of registered a OFFICERS A PTS VALES, ANITA	rigent and title if applicable (* NDD DIRECTORS DELETE	13, 1.1 TI	d Agent signature requ TLE	uired when reinstating)	DATE DERS AND [DIRECTOR	RS IN 12
SIGNATURE. 12. TITLE	Signature, typed or punied name of registered a OFFICERS A PTS VALES, ANITA	rigent and title if applicable (* IND DIRECTORS DELETE NORTH	NOTE: Registere 13. 1.1 TI 1.2 N 1.3 SI	d Agent signature requ	uired when reinstating)	DATE DERS AND [DIRECTOR	RS IN 12
SIGNATURE 12. THEE NAME STHEEL ADDRESS CHY-S1-74P THEE	Signature, type-d or punited minns of registered a OFFICERS A PTS VALES, ANITA 3743 CARAMBOLA CIRCLE I COCONUT CREEK FL V	rigent and title if applicable (* NDD DIRECTORS DELETE	13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI	d Agent signature required. TLE AME TREET ADDRESS ITY - ST - ZIP TLE	uired when reinstating)	DATE CERS AND E	DIRECTOR	RS IN 12
SIGNATURE. 12. THE NAME STREET ADDRESS CITY ST- 7/P THE NAME	Signatura, type-d or punifical minima of registered a OFFICERS A PTS VALES, ANITA 3743 CARAMBOLA CIRCLE I COCONUT CREEK FL V PECORARO, CHARLES	rigent and title if applicable (* IND DIRECTORS DELETE NORTH	NOTE: Registere 13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N	d Agent signature required. TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME	uired when reinstating)	DATE CERS AND E	DIRECTOR Change	RS IN 12
SIGNATURE. 12. 11/14 NAM: STREET ADDRESS DITY: ST-ZIP THUE NAME STREET ADDRESS	OFFICERS A PTS VALES, ANITA 3743 CARAMBOLA CIRCLE I COCONUT CREEK FL V PECORARO, CHARLES 3743 CARAMBOLA CIRCLE S 3743 CARAMBOLA CIRCLE V	rigent and title if applicable (* IND DIRECTORS DELETE NORTH	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 SI	d Agent signature required. TLE AME TREET ADDRESS TIY-ST-ZIP TLE AME TREET ADDRESS	uired when reinstating)	DATE CERS AND E	DIRECTOR Change	RS IN 12
SIGNATURE. 12. THE NAME STREET ADDRESS CITY ST- 7/P THE NAME	Signatura, type-d or punifical minima of registered a OFFICERS A PTS VALES, ANITA 3743 CARAMBOLA CIRCLE I COCONUT CREEK FL V PECORARO, CHARLES	rigent and title if applicable (* IND DIRECTORS DELETE NORTH	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 SI	d Agent signature required. TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP	uired when reinstating)	DATE CERS AND I	DIRECTOR Change	RS IN 12
SIGNATURE 12. 1014 NAM: STREET ADDRESS CITY ST-ZIP NAME STREET ADDRESS CITY ST-ZIP	OFFICERS A PTS VALES, ANITA 3743 CARAMBOLA CIRCLE I COCONUT CREEK FL V PECORARO, CHARLES 3743 CARAMBOLA CIRCLE S 3743 CARAMBOLA CIRCLE V	NORTH DELETE	13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 22 N 23 SI 2.4 CI	d Agent signature required. ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE IREET ADDRESS ITY-ST-ZIP ILE	uired when reinstating)	DATE CERS AND I	DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE 12. THE NAME STREET ADDRESS CITY: \$1-ZIP THLE NAME STREET ADDRESS CITY: \$1-ZIP THLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	PTS VALES, ANITA 3743 CARAMBOLA CIRCLE I COCONUT CREEK FL V PECORARO, CHARLES 3743 CARAMBOLA CIRCLE COCONUT CREEK FL V PECORARO, CHARLES COCONUT CREEK FL	NORTH DELETE	13. 1.1 TI 1.2 Ni 1.3 SI 1.4 CI 2.1 TI 2.2 Ni 2.3 SI 2.4 CI 3.1 TI 3.2 Ni 3.3 SI	d Agen) signature required. ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS	uired when reinstating)	DATE CERS AND I	DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-ZIP THUE NAME STREET ADDRESS CITY-ST-ZIP THUE NAME STREET ADDRESS CITY-ST-ZIP THUE NAME	PTS VALES, ANITA 3743 CARAMBOLA CIRCLE I COCONUT CREEK FL V PECORARO, CHARLES 3743 CARAMBOLA CIRCLE COCONUT CREEK FL V PECORARO, CHARLES COCONUT CREEK FL	NORTH DELETE DELETE	13. 1.1 TI 1.2 Ni 1.3 SI 1.4 CI 2.1 TI 2.2 Ni 2.3 SI 2.4 CI 3.1 TI 3.2 Ni 3.3 SI 3.4 CI	d Agen) signature required. ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ATY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP	uired when reinstating)	DATE CERS AND E	DIRECTOF Change Change Change	RS IN 12 Addition Addition
SIGNATURE 12. THE NAME STREET ADDRESS CITY: \$1-ZIP THLE NAME STREET ADDRESS CITY: \$1-ZIP THLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	PTS VALES, ANITA 3743 CARAMBOLA CIRCLE I COCONUT CREEK FL V PECORARO, CHARLES 3743 CARAMBOLA CIRCLE COCONUT CREEK FL V PECORARO, CHARLES COCONUT CREEK FL	NORTH DELETE	13. 1.1 TI 1.2 Ni 1.3 SI 1.4 CI 2.1 TI 2.2 Ni 2.3 SI 2.4 CI 3.1 TI 3.2 Ni 3.3 SI	d Agen) signature required. ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME IRREET ADDRESS ITY-ST-ZIP ILE AME IRREET ADDRESS ITY-ST-ZIP ILE AME IRREET ADDRESS ITY-ST-ZIP ILE IRREET ADDRESS ITY-ST-ZIP ILE IRREET ADDRESS	uired when reinstating)	DATE CERS AND E	DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE. 12. THE NAME STREET ADDRESS CITY ST-ZIP THLE NAME STREET ADDRESS CITY ST-ZIP THLE NAME STREET ADDRESS CITY ST-ZIP THLE	PTS VALES, ANITA 3743 CARAMBOLA CIRCLE I COCONUT CREEK FL V PECORARO, CHARLES 3743 CARAMBOLA CIRCLE COCONUT CREEK FL	NORTH DELETE DELETE	13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 CI 3.1 TI 3.2 N 3.3 SI 3.4 CI 4.1 TI 4.2 N	d Agen) signature required. ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME IRREET ADDRESS ITY-ST-ZIP ILE AME IRREET ADDRESS ITY-ST-ZIP ILE AME IRREET ADDRESS ITY-ST-ZIP ILE IRREET ADDRESS ITY-ST-ZIP ILE IRREET ADDRESS	uired when reinstating)	DATE CERS AND E	DIRECTOF Change Change Change	RS IN 12 Addition Addition
SIGNATURE 12. 11/14 SIREELADORESS CITY-ST-ZIP TITLE NAME STREELADORESS CITY-ST-ZIP TITLE NAME STREELADORESS CITY-ST-ZIP TITLE NAME STREELADORESS CITY-ST-ZIP TITLE NAME STREELADORESS CITY-ST-ZIP TITLE NAME STREELADORESS CITY-ST-ZIP	PTS VALES, ANITA 3743 CARAMBOLA CIRCLE I COCONUT CREEK FL V PECORARO, CHARLES 3743 CARAMBOLA CIRCLE COCONUT CREEK FL	NORTH DELETE DELETE	13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 CI 3.1 TI 3.2 N 3.3 SS 3.4 CI 4.1 TI 4.2 M 4.3 SI 4.4 CI 4.4 CI	d Agen) signature required. ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ILE IREET ADDRESS ITY-ST-ZIP ILE IREET ADDRESS ITY-ST-ZIP ILE IAME IREET ADDRESS ITY-ST-ZIP ILE IAME IREET ADDRESS	uired when reinstating)	DATE CERS AND E	Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PTS VALES, ANITA 3743 CARAMBOLA CIRCLE I COCONUT CREEK FL V PECORARO, CHARLES 3743 CARAMBOLA CIRCLE COCONUT CREEK FL	NORTH DELETE DELETE	13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 C 3.1 TI 3.2 N 3.3 SI 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 CI 5.1 TI	d Agen) signature required. TLE AME TREET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS	uired when reinstating)	DATE CERS AND E	DIRECTOF Change Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME	PTS VALES, ANITA 3743 CARAMBOLA CIRCLE I COCONUT CREEK FL V PECORARO, CHARLES 3743 CARAMBOLA CIRCLE COCONUT CREEK FL	NORTH DELETE DELETE	13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 CI 5.1 TI 5.2 N	ILE AME IREET ADDRESS ITY-ST-ZIP TLE IREET ADDRESS ITY-ST-ZIP TLE IAME IREET ADDRESS ITY-ST-ZIP TLE IAME IREET ADDRESS ITY-ST-ZIP TLE IAME	uired when reinstating)	DATE CERS AND E	Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. THE NAME STREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS	PTS VALES, ANITA 3743 CARAMBOLA CIRCLE I COCONUT CREEK FL V PECORARO, CHARLES 3743 CARAMBOLA CIRCLE COCONUT CREEK FL	NORTH DELETE DELETE	13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 CI 5.1 TI 5.2 N 5.3 S	d Agen) signature required. ILE AME IREET ADDRESS ITY-ST-ZIP TLE IREET ADDRESS ITY-ST-ZIP TLE IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME	uired when reinstating)	DATE CERS AND E	Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. IIITE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	PTS VALES, ANITA 3743 CARAMBOLA CIRCLE I COCONUT CREEK FL V PECORARO, CHARLES 3743 CARAMBOLA CIRCLE COCONUT CREEK FL	NORTH DELETE DELETE	13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 CI 5.1 TI 5.2 N 5.3 S	ILE AME IREET ADDRESS ITY-ST-ZIP TLE IREET ADDRESS ITY-ST-ZIP	uired when reinstating)	DATE CERS AND E	Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. LITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP	PTS VALES, ANITA 3743 CARAMBOLA CIRCLE I COCONUT CREEK FL V PECORARO, CHARLES 3743 CARAMBOLA CIRCLE COCONUT CREEK FL	NORTH DELETE DELETE DELETE	13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 CI 5.1 TI 5.2 N 5.3 S	d Agen) signature required. TLE AME TREET ADDRESS SITY-ST-ZIP TLE TREET ADDRESS	uired when reinstating)	DATE CERS AND E	Change Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	PTS VALES, ANITA 3743 CARAMBOLA CIRCLE I COCONUT CREEK FL V PECORARO, CHARLES 3743 CARAMBOLA CIRCLE COCONUT CREEK FL	NORTH DELETE DELETE DELETE	13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 CI 3.3 TI 3.2 N 3.3 S 3.4 CI 4.1 TI 4.2 N 4.3 S 4.4 CI 5.1 TI 5.2 N 5.3 S 5.4 C 6.1 TI 6.2 N	d Agen) signature required. TLE AME TREET ADDRESS SITY-ST-ZIP TLE TREET ADDRESS	uired when reinstating)	DATE CERS AND E	Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition

i. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

4.239

954.968.4152