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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000035726 (5)

FILED Feb 06 1997 8:00am Secretary of State

1. Corporation Name VAL-MAR INTERNATIONAL, INC. Principal Place of Business 1800 SE 15TH ST FT LAUDERDALE FL 33316 US PO BOX 165132 FT LAUDERDALE FL 33316-5132 US								
					3. Date Incorporated or Qualified 06/01/1995		te of Last R 20/1996	Report
·	Place of Business	2a. Mailing Address	•		4. FEI Number 65-0588995			oplied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	ot Applicable Additional equired
City & Sta	de	City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			to Fees
Zip 24	Country 25	Zip 29	Counti	ry	This corporation has liability for Florida Statutes	intangible Yes		199.032,
	9. Name and Address of Curre		8	1 Name	10. Name and Address of New Re	egistered A	\gent	
712	NKER, DOUGLAS R 21 SW 42 PLACE VIE FL 33314		82 Street Ad 83 84 City		dress (P.O. Box Number is Not Acceptal		85 Zip	Code
11. Pursuant office or	t to the provisions of Sections 607.05 registered agent, or both, in the Sta	502 and 607.1508, Florida Stat	utes, the abo	ve-named cor	rporation submits this statement for the	FL purpose of	changing it	ts registered
agent. La SIGNATURE					rporation submits this statement for the pation's board of directors. I hereby acce	pt the appo	oiniment as	registered
	Signature Typad or printed han elof registered a OFFICERS A	agent and trile if applicable. (Ni ND DIRECTORS	OTE Registered A	gent signature requ		DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TIFLE NAME	Signature Typed or proved can e of registered a OFFICERS A P BANKER, VALERIE K	agent and title it applicable. (No	DTE Registered A. 13. 11 TITLE 1.2 NAME	gent signature requ	uired when reinstating)	DATE		RS IN 12
SIGNATURE 12. TIFLE NAME STREET ADDRESS	Signature bypart of prodest can elid registered a OFFICERS A P BANKER, VALERIE K 7121 SW 42 PLACE	agent and trile if applicable. (Ni ND DIRECTORS	13. 11 TITLE 1.2 NAME	gent signature requ	uired when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TIFLE NAME	OFFICERS A P BANKER, VALERIE K 7121 SW 42 PLACE DAVIE FL V HOLLOWAY, MARIA	agent and trile if applicable. (Ni ND DIRECTORS	DTE Registered A. 13. 11 TITLE 1.2 NAME	gent signature requirements for the signature requirement for the signature requirements for	uired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOR	
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4. 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 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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