

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000049326 (8)

1. Corporation Name

VALHEN INVESTMENTS CORPORATION



Principal Place of Business

Mailing Address

10301 S.W. 9 LANE
PEMBROKE PINES FL 33025

10301 S.W. 9 LANE
PEMBROKE PINES FL 33025

3. Date Incorporated or Qualified

06/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 10301 SW 9th LANE

26 11214 PINES BLVD

4. FEI Number

65-0591492

Applied For

Not Applicable

Suite, Apt. #, etc.

22 PEMBROKE PINES FL

(Suite) Apt. #, etc.

27 115

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 33025

Country

28 PEMBROKE PINES FL

Zip

29 33026

Country

24 33025

Country

30 33026

Country

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

10. Name and Address of New Registered Agent

OROZCO, LILIANA H
10301 S.W. 9 LANE
PEMBROKE PINES FL 33025

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME OROZCO, LILIANA H
STREET ADDRESS 10301 S.W. 9 LANE
CITY-ST-ZIP PEMBROKE PINES FL 33025

☐ DELETE

1.1 TITLE V
1.2 NAME LILIANA HENAO
1.3 STREET ADDRESS 10301 SW 9th LANE
1.4 CITY-ST-ZIP PEMBROKE PINES FL 33025

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1 TITLE P
2.2 NAME MARIA DEL PILAR VALLADARES
2.3 STREET ADDRESS 10301 SW 9th LANE
2.4 CITY-ST-ZIP PEMBROKE PINES FL 33025

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

Liliana Henao
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 (954) 4319760
Date Daytime Phone #

CR2E034 (12/95)