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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000049326 (8)

VALHEN INVESTMENTS CORPORATION Principal Place of Business Mailing Address 10301 S.W. 9 LANE 11214 PINES BLVD PEMBROKE PINES FL 33025 DO NOT WRITE IN THIS SPACE PEMBROKE PINES FL 33026 3. Date Incorporated or Qualified 06/22/1995 2a, Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0591492 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 6. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year latangible Personal Property Tax due June 30. 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent OROZCO, LILIANA H 10301 S.W. 9 LANE Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33025 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE 1.1 TITLE Change Addition TITLE HENAO, LILIANA 1.2 NAME NAME 10301 S.W. 9TH LANE 1.3 STREET ADDRESS STREET ADDRESS **PEMBROKE PINES FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Channe Addition 21 TITLE TITLE valladares, maria del Pila 2.2 NAME NAME 10301 S.W. 9TH LANE 2.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. I 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 oddress.

SIGNATURE:

4/25/98

(94) 431-9760

FILED

May 11 1998 8:00am

Secretary of State

CR2E034 (10/97)