

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000063340 (0)

1. Corporation Name

ILLUSSIONS ROSVAL, INC.



Principal Place of Business

5491 W 24 AVE
#3
HIALEAH FL 33016

Mailing Address

5491 W 24 AVE
#3
HIALEAH FL 33016

3. Date Incorporated or Qualified
08/16/1995

3a. Date of Last Report

2. Principal Place of Business

21 6187 N.W. 167 st.

2a. Mailing Address

6187 N.W. 167 st.

Suite, Apt. #, etc.

22 4-27

Suite, Apt. #, etc.

27 4-27

City & State

23 Miami, FL.

City & State

28 Miami, FL.

Zip

24 33015

Country

25 USA

Zip

29 33015

Country

30 USA

4. FEI Number

65-0603765

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

ROSALLES, CARLOS R
5491 W 24 AVE
#3
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name

OSMAN R. VALDES

82 Street Address (P.O. Box Number is Not Acceptable)

5491 W. 24 AVE #3

83

84 City

HIALEAH

FL

85 Zip Code

33016

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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]

Osman R. Valdez

President

4-10-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
PD	ROSALLES, CARLOS R	2921 N. 101 ST	MIAMI FL 33147	<input checked="" type="checkbox"/>
PD	VALDES, OSMAN R	5491 W 24 AVE #3	HIALEAH FL 33016	<input type="checkbox"/>
PD	VALDES, LUZ A	5491 W 24 AVE #3	HIALEAH FL 33016	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P.D.	Osman R. Valdez	5491 W. 24 ave #3	Hialeah, FL. 33016	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>

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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 if changed, or on an attachment with an address

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Osman R. Valdez P.D. 3/18/96 305-823-3351

56-6-26-96

CR2E034 (12/95)