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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

6187 N.W. 167TH ST
#H-27
MIAMI FL 33015

Mailing Address

6187 N.W. 167TH ST
#H-27
MIAMI FL 33015-4301

3. Date Incorporated or Qualified
08/16/1995

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

21 6187 N.W. 167 St.

Suite, Apt. #, etc.

22 H-27

City & State

23 Miami, FL

Zip

24 33015

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number
65-0603765

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

VALDES, OSMAR R
5491 W 24 AVE
#3
HIALEAH FL 33016

10. Name and Address of New Registered Agent

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

TITLE PD
NAME VALDEZ, OSMAR R
STREET ADDRESS 6187 N.W. 167TH ST #3
CITY-ST-ZIP MIAMI FL 33015 ☐ DELETE

TITLE TD
NAME VALDES, LUZ
STREET ADDRESS 5491 W 24 AVE #3
CITY-ST-ZIP HIALEAH FL 33016 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME VALDEZ, OSMAN R.
1.3 STREET ADDRESS 6187 N.W. 167 St. # H-27
1.4 CITY-ST-ZIP Miami, FL 33015 ☒ Change ☐ Addition

2.1 TITLE TD
2.2 NAME VALDES, LUZ A.
2.3 STREET ADDRESS 6187 N.W. 167 St. # H-27
2.4 CITY-ST-ZIP Miami FL. 33015 ☒ Change ☐ Addition

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

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

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

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 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 signing officer or director

Osman R. Valdez

4-7-97

305-823-3351

Date

Daytime Phone #

0122518

CR2E034 (9/96)