

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075482

1. Corporation Name
VALDIAS PROPERTIES, INC.

Principal Place of Business

9755 S.W. 62 STREET
MIAMI FL 33173

Mailing Address

9755 S.W. 62 STREET
MIAMI FL 33173

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90075 024 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1995

4. FEI Number

65-0625307

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~CORDERO, ANA DIAZ~~
~~6485 SUNSET DR~~
~~STE 1-292~~
~~MIAMI FL 33173~~

10. Name and Address of New Registered Agent

81 Name JOSE M. MARQUEZ, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
782 NW LeJeune Road
83 Suite 548
84 City Miami FL 85 Zip Code 33126

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.

Jose M. Marquez, Esq.

March 19, 1999

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	VALDES, DANIEL R	
STREET ADDRESS	9755 S.W. 62 STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VALDES, DANIEL	
STREET ADDRESS	6130 S.W. 93 COURT	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DIAZ, ALEJANDRO	
STREET ADDRESS	13954 S.W. 36TH STREET	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CORDERO, ANA DIAZ	
STREET ADDRESS	6425 S.W. 93 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VALDES, Daniel R.	
1.3 STREET ADDRESS	9755 SW 62 Street	
1.4 CITY-ST-ZIP	Miami, Florida 33173	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VALDES, Daniel F.	
2.3 STREET ADDRESS	6130 SW 93 Court	
2.4 CITY-ST-ZIP	Miami, Florida 33173	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DIAZ, ALEJANDRO	
3.3 STREET ADDRESS	13954 SW 36 Street	
3.4 CITY-ST-ZIP	Miami, Florida 33175	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CORDERO, Ana Diaz	
4.3 STREET ADDRESS	6425 SW 93 Place	
4.4 CITY-ST-ZIP	Miami, Florida	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 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 address, with all other like empowered.

SIGNATURE: R. Valdes, DANIEL R. VALDES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-99 597-8909

Date

Daytime Phone #

CR2E034 (1/98)