

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

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Apr 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P950000 84239**  
1. Corporation Name  
**VAL MARC, INC.**

Principal Place of Business

Mailing Address

2. Principal Place of Business 21 <b>4898 S. Kirkman Rd</b> Suite, Apt. #, etc. 22 City & State <b>Orlando, Florida</b> Zip <b>32811</b> Country <b>USA</b>	2a. Mailing Address 26 <b>4898 S. Kirkman Rd</b> Suite, Apt. #, etc. 27 City & State <b>Orlando, Florida</b> Zip <b>32811</b> Country <b>USA</b>
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3. Date Incorporated or Qualified <b>Nov. 2, 1995</b>	3a. Date of Last Report
4. FEI Number <b>59-3411339</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name <b>PABLO J. SANTOS, Accountant</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>125 Delaware Wood Court</b>
83
84 City <b>Orlando</b>
85 Zip Code <b>FL 32824</b>

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 re-registering)

**3/24/97**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>President</b>
1.3 STREET ADDRESS	<b>WALTER Specoli</b>
1.4 CITY-ST-ZIP	<b>7644 Apple Tree Drive</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Secretary/Treasurer</b>
2.3 STREET ADDRESS	<b>Giuseppe Specoli</b>
2.4 CITY-ST-ZIP	<b>7644 Apple Tree Drive</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Orlando, Florida 32819</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

**000002134220**  
**-04/04/97--01039--047**  
**\*\*\*173.75**

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. 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:

**Giuseppe Specoli**

**3.26.97 (407) 297-6666**

CR2E034 (9/96)