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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000023258 (2)**

1. Corporation Name
MAS-VAL, INC.

Principal Place of Business	Mailing Address
615 SUNSET RD. CORAL GABLES FL 33143	615 SUNSET RD. CORAL GABLES FL 33143-6342

3. Date Incorporated or Qualified: **03/15/1996**
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26): P.O. Box 521762
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28): Miami - FL.
Zip (24):
Country (25):
Zip (29): 33152
Country (30): USA

4. FEI Number: ☒ 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

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST., STE. 1
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: JAVIER PEREZ-ABREU, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 901, PONCE DE LEON BLVD.
83: Suite 502
84 City: CORAL GABLES FL 85 Zip Code: 33134

11. Pursuant to the provisions of Section 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] DATE: 03/30/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CORTINA, DULCE P		1.2 NAME	
STREET ADDRESS	615 SUNSET RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33143		1.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ-ABREU, DULCE		2.2 NAME	
STREET ADDRESS	615 SUNSET RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33143		2.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ARMAS, CRISTINA P		3.2 NAME	
STREET ADDRESS	615 SUNSET RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33143		3.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, JUAN P		4.2 NAME	
STREET ADDRESS	615 SUNSET RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33143		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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: DULCE PEREZ CORTINA PRESIDENT — SIGNATURE REQUIRED — MAR. 25, 1997 — 305 667-2324
Signature of CORPORATE OFFICER or DIRECTOR — Date — Daytime Phone #

0197781