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FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

P.O. BOX 521762
MIAMI FL 33152
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1996

4. FEI Number EIN 65-0741948

Applied For

Not Applicable

APPLIED FOR

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEREZ-ABREU, JAVIER
901 PONCE DE LEON BLVD.
SUITE 502
CORAL GABLES FL 33134

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME CORTINA, DULCE P
STREET ADDRESS 615 SUNSET RD.
CITY-ST-ZIP CORAL GABLES FL 33143

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DT
NAME PEREZ-ABREU, DULCE
STREET ADDRESS 615 SUNSET RD.
CITY-ST-ZIP CORAL GABLES FL 33143

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DS
NAME ARMAS, CRISTINA P
STREET ADDRESS 615 SUNSET RD.
CITY-ST-ZIP CORAL GABLES FL 33143

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

TITLE DV
NAME FERNANDEZ, JUAN P
STREET ADDRESS 615 SUNSET RD.
CITY-ST-ZIP CORAL GABLES FL 33143

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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

SIGNATURE:

Dulce Cortina

April 22 1998

305 667-3324

CR2E034 (10/97)