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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

May 05 1997 8:00am

Secretary of State

(305) 274-9913

DOCUMENT # P96000026620 (0)

VALCAR, INC.

STREET ADDRESS

2. Principal Place of Businoss 2. Mailing Address 2. Mailing Address 3. Fill Number 65-0653675 Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. Ft Number of Status Desired Status Desired Status Suite, Apt. #, etc. 4. Suite, Apt. #, etc. 5. Certificate of Status Desired Status Desired Status Desired Status Desired Status Desired Status Desired Apt. #, etc. 4. Ft Number of Status Desired Status Desired Status Desired Status Desired Apt. #, etc. 4. Status Desired Status Desired Status Desired Status Desired Apt. #, etc. #, et	Agent 85 Zip Code
22. Principal Place of Business 23. Mailing Address 25. Mailing Address 26. Mailing Address 27. Suite, Apt. #, etc. 28. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 22. Suite, Apt. #, etc. 23. Suite, Apt. #, etc. 24. Suite, Apt. #, etc. 25. Suite, Apt. #, etc. 25. Suite, Apt. #, etc. 26. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 22. Suite, Apt. #, etc. 23. Suite, Apt. #, etc. 24. Suite, Apt. #, etc. 25. Suite, Apt. #, etc. 26. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 22. Suite, Apt. #, etc. 23. Suite, Apt. #, etc. 24. Suite, Apt. #, etc. 25. Suite, Apt. #, etc. 26. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 20. Suite,	Applied For Not Applie \$8.75 Additions Fee Required \$5.00 May Be Added to Fees e tax under s. 199.03 XNo Agent 85 Zip Code
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite,	S8.75 Additions Fee Required \$5.00 May Be Added to Fees e tax under s. 199.03 X No Agent 85 Zip Code
Suite, Apt. #, etc. Suite, Apt. #, etc.	\$8.75 Additions Fee Required \$5.00 May Be Added to Fees e tax under s. 199.03 X No Agent
Suite, Apt. #, etc. 2	Fee Required \$5.00 May Be Added to Fees e tax under s. 199.03 X No Agent 85 Zip Code
City & State City & State City	\$5.00 May Be Added to Fees e tax under s. 199.03 X No Agent 85 Zip Code
Trust Fund Contribution Zip Zip Zip Zip Zip Zip Zip Zip Zip Zi	Added to Fees e tax under s. 199.03 XNo Agent 85 Zip Code
Zip Country Zip Country 2 39 30 Finis corporation has liability for intangible Florida Statutes	Agent 85 Zip Code
9. Name and Address of Current Registered Agent BUTTARI, ASTRID 7845 CAMINO RAL STE 0-311 MIAMI FL 33143 82 Street Address (P.O. Box Number is Not Acceptable) 83 Replant	85 Zip Code
BUTTARI, ASTRID 7845 CAMINO RAL STE 0-311 MIAMI FL 33143 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 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 application 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 life if application (NOT). Registered Agent signature required when remediating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TIME NAME CARLOS A. BUTTARI 12 NAME SIREET ADDRESS CITY-ST-ZIP Miami , Florida 33143 14 CITY-ST-ZIP DELETE 2.1 TIME D/VP DELETE 2.1 TIME D/VP DELETE 2.1 TIME D/VP DELETE 2.1 TIME LOUIS A. BUTTARI DELETE 2.1 TIME D/VP DELETE D/VP	85 Zip Code
THE DATE SIGNATURE Signature, lyned or preted name of registered agent and into disapticable (NOT). Registered Agent signature required when reresaling) 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 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 applicable signature. SIGNATURE Signature, lyned or preted name of registered agent and into disapticable (NOT). Registered Agent signature required when reresaling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AN ITIE D/P DELETE 1.11TIE 12 NAME. STREET ADDRESS 7845 Camino Real, #O-311 1.3 SIBEET ADDRESS (ITY-ST-ZIP Miami, Florida 33143 1.4 CITY-ST-ZIP DELETE 2.1 TITLE D/VP DELETE 2.1 TITLE 2.2 NAME	L.,
MIAMI FL 33143 83 84 City FL 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 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 appagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOT). Registered Agent signature required when remarking) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE D/P DELETE 1.1 TITLE CARLOS A, BUTTARI 12 NAME STREET ADDRESS CITY-ST-ZIP Miami , Florida 33143 14 City-S1-ZIP DELETE 2.1 TITLE D/VP DELETE 2.1 TITLE	L.,
MIAMI FL 33143 83 84 City FL 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 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 appagent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signalure, typed or preted name of registered agent and late if appticable (NOTE: Registered Agent signature required when rerestating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AN TITLE D/P NAME CARLOS A, BUTTARI 12 NAME 12 NAME 13 STREET ADDRESS CITY-ST-ZIP Miami , Florida 33143 14 City-ST-ZIP TITLE D/VP DELETE 2.1 TITLE D/VP DELETE 2.1 TITLE D/VP DELETE 2.2 NAME	L.,
T1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of 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 appearance of the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and into it applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE D/P CARLOS A. BUTTARI STREET ADDRESS CITY-ST-ZIP Miami, Florida 33143 DELETE 1.1 TITLE D/VP DELETE 2.1 TITLE D/VP DELETE 2.2 NAME	L.,
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 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 approach agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Institute Insti	L.,
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 filter 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 apparent for the purpose of registered agent and life if applicable. SIGNATURE Signature, typed or printed name of registered agent and life if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE D/P NAME CARLOS A. BUTTARI TRUE CARLOS A. BUTTARI STREET ADDRESS OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME TRUE TARGET ADDRESS OFFICERS AND DIRECTORS 1.3 STREET ADDRESS Miami, Florida 33143 1.4 CITY-ST-ZIP TITLE D/VP DELETE 2.1 TITLE D/VP DELETE 2.2 NAME DELETE 2.2 NAME	
SIGNATURE Signature, typed or printed name of registered agent and life if appticable (NOTE, Registered Agent signature required when rowsvaling) DATE	pointment as register
Signature. Typod or printed name of registered aspect and this displaceable (NOTE: Registered Agonal signature required when rorescaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE D/P NAME CARLOS A. BUTTARI 12 NAME TREET ADDRESS CITY-ST-ZIP Miami, Florida 33143 14 CITY-ST-ZIP NAME LOUIS A. BUTTARI DELETE 2.1 TITLE D/VP DELETE 2.2 NAME 2.2 NAME	
Delete	ID DIDECTORS IN 15
NAME CARLOS A. BUTTARI 7845 Camino Real, #O-311 13 STREET ADDRESS CITY-ST-ZIP Miami, Florida 33143 14 CITY-ST-ZIP TITLE D/VP DELETE LOUIS A. BUTTARI 12 NAME 22 NAME	Change Ad
7845 Camino Real, #0-311 13 STREET ADDRESS Miami, Florida 33143 14 CITY-ST-ZIP TITLE D/VP DELETE 2.1 TITLE LOUIS A. BUTTARI 22 NAME DELETE 2.2 NAME DELETE 2.2 NAME DELETE 2.3 NAME DELETE 2.4 NAME DELETE 2.5 NAME DELETE 2.5 NAME DELETE	CT Orlange CT 40
CITY-ST-ZIP Miami, Florida 33143 1,4 CITY-ST-ZIP THE D/VP DELETE 2,1 THE NAME LOUIS A. BUTTARI 2,2 NAME	
TITLE D/VP DELETE 2.1 TITLE NAME LOUIS A. BUTTARI 22 NAME	
NAME LOUIS A. BUTTARI 2.2 NAME	Change Ad
STREET ADDRESS 7845 Camino Real, #0-311 23 STREET ADDRESS	
CITY-ST-ZIP Miami, Florida 33143 2 4 CITY-ST-ZIP	
TITLE D/VP DELETE 31 TITLE	Change Ad
NAME VICTOR E. BORY 3.2 NAME	
STREET ADDRESS 7845 Camino Real, #0-311 33 STREET ADDRESS	
CITY-ST-ZIP Miami, Florida 33143 34 CITY-ST-ZIP	
THILE D/S/T DELETE 4,1 TITLE	Change Ad
NAME ASTRID BUTTARI 4 2 NAME	
STREET ADDRESS 7845 Camino Real, #0-311	
CITY-SI-ZIP Miami Florida 33143 44CITY-SI-ZIP	
TITLE DELFTE 51 THE	☐ Change ☐ Ac
NAME 52 NAME	
STREET ADDRESS 53 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-S1-ZIP	
TITLE DELETE 6.1 TITLE	
NAME 6.2 NAME	☐ Change ☐ Ad

6.3 STREET ADDRESS

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 eddress.