## 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

DOCUMENT # P96000038178 (5)

VALGREEN REAL PROPERTY INVESTMENTS, INC.

Principal Place of Business Mailing Address

**FILED** May 16 1997 8:00am Secretary of State



1172 S. DIXIE HIGHWAY SUITE 277 CORAL GABLES FL 33146		SUITE 277 CORAL GABLES FL 3314	16-2918		3. Date Incorporated or Qualified	3a. Date of L	ast Report
					05/02/1996		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21					65-0669649		Not Applicable
	te 425		wite 425		6. Certificate of Status Desired	esired S8.75 Additional Fee Required	
City & St. 23		City & State	····•		Election Campaign Financing Trust Fund Contribution	☐ Ac	.00 May Be Ided to Fees
Zip 24	Country <b>25</b>	Zip 29	30 Country	y 		Yes No	der s. 199.032,
	9. Name and Address of Co	irrent Registered Agent		1	10, Name and Address of New Re	istered Agent	
	AMAS, J A		81	Name	• ·		
2151 S. LEJEUNE ROAD SUITE 202				82 Street Address (P.O. Box Number is Not Acceptable)			
CC	ORAL GABLES FL 33134		83			[aa]	7:- 0 - 4-
			84	City		FL 85	Zip Code
office o agent I SIGNATURE	l am familiar with, and accept the o	obligations of, Section 607.0505, F	-lorida Statute	·\$.	poration submits this statement for the pation's board of directors. I hereby accepand when reinstating)	the appointme	nt as registered
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12
THLE	PVST	☐ DELETE	1.1 TITLE			Ch	ange 🔲 Addition
NAME	VALVERDE, RENE		1,2 NAME				
\$TREET ADDRESS			1,3 STREE	T ADDRESS	•		
COTY-ST-7IP	CORAL GABLES FL 33134	<u> </u>	1.4 CITY-	ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			☐ Ch	ange 🔲 Addition
NAME	VALVERDE, RENE		2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY - \$1 - 712	CORAL GABLES FL 33134		2.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE		·	☐ Ch	ange 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS	S		3.3 STREE	T ADDRESS			
CITY ST ZIP			3.4. CITY -	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			<u>↓</u> Ch	ange Addition
NAME			4. 2 NAME				
STREET ADDRESS	s		4.3 STREE	T ADDRESS			
CITY-S1-ZIP			4.4 CITY-:	ST-ZIP	·		
TITL E		☐ DELETE	5.1 TITLE			☐ Ch	ange Addition
NAME			5.2 NAME				
STREET ADORES:	S		5.3 STREE	T ADDRESS			
CITY - ST - ZIP			5.4 CITY-	ST-ZIP			
TITLE		DELETE	6.1 TITLE			☐ Ch	ange 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS	s		63 STREE	T ADDRESS	:		
CHTV-ST-7#			64 CiTY -:	ST., 7IP			

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.