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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000040376 (1)

VALJO EXPORT & IMPORT INC

Principal Place of Business Mailing Address											
6535-D PARKVI BOCA RATON	EW DR. FL 33433	6535-D PARKVIEW DR. BOCA RATON FL 33433-6639									
						3. Date incorporated or 05/10/1996	Qualified	3a. Da	ite of Last F	Report	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			A	pplied For		
21		26				65-0673	690			ot Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status I	Desired			Additional equired	
City & State	В	City & State				6. Election Campaign F Trust Fund Contributi	-			May Be to Fees	
Zip	Country 25	Zip 29	30 Cou	intry		This corporation has Florida Statutes			tax under s	s. 199.032,	
	g Name and Address of Curre		11	[****	10. Name and Address	of New Re	gistered	Agent		
SUF	BOTIC, JOHN			81	Name						
6535-D PARKVIEW DR. BOCA RATON FL 33433				82	Street Addr	dress (P.O. Box Number is Not Acceptable)					
DOC	M NATURE 30300			83	A-11737						
				84	City			FL	85 Zip	Code	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Statim familiar with, and accept the oblig signature, typed or pinted name of registered ag	e of Florida. Such change was gations of, Section 607,0505, F	authorize Iorida Sta	d by lutes	the corporal	ed when reinslating)	ereby acce	pt the app	changing pointment as	registered	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGE	S TO OFFIC	CERS AND	DIRECTO	RS IN 12	
TITLE	DP DELETE		1,1 1	1.1 TITLE					Change	Addition	
NAME	SUBOTIC, JOHN		1.2 N	AME							
STREET ADDRESS	6535-D PARKVIEW DR.	1.3		1.3 STREET ADDRESS						5	
CITY-ST-ZIP	BOCA RATON FL 33433			1.4 CITY - ST - ZIP		·			T Change	T Addition	
TITLE			211						☐ Change	Addition	
NAME	SOBOTIC, VALERIE		22 N		1000000						
STREET ADDRESS	6535-D PARKVIEW DR. BOCA RATON FL 33433				ADDRESS						
CITY - ST - ZIP TITLE	DOOR TRION TE CONC	DELETE	317		ST - ZIP				Change	Addition	
NAME			32 N	AME							
STREET ADDRESS			3.3 \$	TREET	ADDRESS						
CITY-ST-ZIP			3.4 (OITY-S	ST-ZIP						
TITLE		☐ DELETE	4.1 T	TLE					Change	Addition	
NAME			4.21	NAME							
STREET ADDRESS			4.3 S	TREET	ADDRESS						
CITY-ST-ZIP				ITY-S	T-ZIP		····		Change	☐ Addition	
TITLE		☐ DELETE	51 T						L Change	- ADDITION	
NAME			52 N							1	
STREET ADORESS					ADDRESS						
CITY - ST - ZIP		DELETE		ITY S	i - ZIP				Change	Addition	
TITLE		☐ ptreit	6.1 7	HLC					Jimilyo		

14. It 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 Changid, or or an attachment with an address.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

(561-) 347-2289

FILED

Jan 15 1997 8:00am

Secretary of State