

FILE NOW: FILING FEE AFTER MAY 1 IS \$5500

FILED  
May 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000053206 (4)

1. Corporation Name  
VALPAR ENTERPRISES, INC.



Principal Place of Business  
11287 SOUTHWEST 161 PLACE  
MIAMI FL 33196

Mailing Address  
11287 SOUTHWEST 161 PLACE  
MIAMI FL 33196-4272

3. Date Incorporated or Qualified  
06/21/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 15140 S.W. 104 STREET

22 City & State

27 APT. # 306

23 Zip

Country

28 MIAMI, FL

24

25

29 33196

Country

30 DDE

4. FEI Number

65-0675665

Applied For

Not Applicable

6. 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

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

11 Name  
JOSE VALDIVIESO  
12 Street Address (P.O. Box Number is Not Acceptable)  
15140 S.W. 104 STREET  
13 APT. # 306  
14 City  
MIAMI  
15 Zip Code  
FL 33196

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

JOSE VALDIVIESO

JANUARY 21, 1997

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	SERON, MONICA P	
STREET ADDRESS	11287 SOUTHWEST 161 PLACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	VALDIVIESO, JOSE L	
STREET ADDRESS	11287 SOUTHWEST 161 PLACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOSE VALDIVIESO	
1.3 STREET ADDRESS	15140 S.W. 104 STREET, APT. # 306	
1.4 CITY-ST-ZIP	MIAMI, FL 33196	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JOSE VALDIVIESO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

04-26-97  
Date  
(305) 889-9703  
Daytime Phone #  
0284508

CR2E034 (9/96)