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FILED

Jan 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000061485 (4)

1. Corporation Name  
VALLES AND CARDENAS, PA



Principal Place of Business

10668 NW FOUNTAINEBLEAU BLVD  
MIAMI FL 33172

Mailing Address

10668 NW FOUNTAINEBLEAU BLVD  
MIAMI FL 33172-3117

3. Date Incorporated or Qualified  
07/22/1996

3a. Date of Last Report

2. Principal Place of Business

21 1285 WINDSOR LANE  
Suite, Apt. #, etc.

2a. Mailing Address

26 1285 WINDSOR LANE  
Suite, Apt. #, etc.

4. FEI Number  
65-0682896

Applied For  
Not Applicable

22 City & State  
Fort Lauderdale, FL

27 City & State  
Fort Lauderdale, FL

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip  
33327

Country  
BROWARD

28 Zip  
33327

Country  
BROWARD

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALLES, NORA M  
10668 NW FOUNTAINEBLEAU BLVD  
MIAMI FL 33172

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1285 WINDSOR LANE

83

84 City

Fort Lauderdale

FL

85 Zip Code  
33327

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME VALLES, NORA M  
STREET ADDRESS 10668 NW FOUNTAINEBLEAU BLVD  
CITY-ST-ZIP MIAMI FL 33172

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 1285 WINDSOR LANE  
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33327

TITLE D  
NAME CARDENAS, LUIS E  
STREET ADDRESS 10668 NW FOUNTAINEBLEAU BLVD  
CITY-ST-ZIP MIAMI FL 33172

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 1285 WINDSOR LANE  
2.4 CITY-ST-ZIP Fort Lauderdale, FL 33327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.9.97 954.349.7059

Date Daytime Phone #

CR2E034 (9/96)