

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

FILED

May 05 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000080919 (9)

1. Corporation Name  
**VALLEY TRADE CORPORATION**



Principal Place of Business <del>10540 N.W. 26TH STREET</del> <del>SUITE G-303</del> <del>MIAMI FL 33172</del>	Mailing Address <del>10540 N.W. 26TH STREET</del> <del>SUITE G-303</del> <del>MIAMI FL 33172-2102</del>
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3. Date Incorporated or Qualified <b>09/30/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0698967</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>4691 N. University Dr.</b> Suite, Apt. #, etc. 22 <b>Suite 467</b> City & State 23 <b>Coral Springs, FL</b> Zip 24 <b>33067</b>	2a. Mailing Address 26 <b>4691 N. University Dr.</b> Suite, Apt. #, etc. 27 <b>Suite 467</b> City & State 28 <b>Coral Springs, FL</b> Zip 29 <b>33067</b>	Country 25 <b>USA</b> Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent <b>INCORPORATORS PLUS, INC.</b> <b>1214 N. UNIVERSITY DRIVE</b> <b>PLANTATION FL 33322</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MEJIA, MAURICIO</b>	1.2 NAME	
STREET ADDRESS	<del>10540 N.W. 26TH STREET, SUITE G-303</del>	1.3 STREET ADDRESS	<b>4691 N. University Dr., Suite 467</b>
CITY-ST-ZIP	<del>MIAMI FL 33172</del>	1.4 CITY-ST-ZIP	<b>Coral Springs, FL 33067</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D GALVIS, JUAN MANUEL</b>	2.2 NAME	
STREET ADDRESS	<del>10540 N.W. 26TH STREET, SUITE G-303</del>	2.3 STREET ADDRESS	<b>4691 N. University Dr., Suite 467</b>
CITY-ST-ZIP	<del>MIAMI FL 33172</del>	2.4 CITY-ST-ZIP	<b>Coral Springs, FL 33067</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D ZACCOUR, LUIS GUILLERMO</b>	3.2 NAME	
STREET ADDRESS	<del>10540 N.W. 26TH STREET, SUITE G-303</del>	3.3 STREET ADDRESS	<b>4691 N. University Dr., Suite 467</b>
CITY-ST-ZIP	<del>MIAMI FL 33172</del>	3.4 CITY-ST-ZIP	<b>Coral Springs, FL 33067</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>President</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>Alfredo De Angulo</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>4691 N. University Dr., Suite 467</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Treasurer</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Juan Manuel Galvis</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>4691 N. University Dr., Suite 467</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Secretary</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>Luis Guillermo Zaccour</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>4691 N. University Dr., Suite 467</b>

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:  **Alfredo DE Angulo** 4/25/97 (954) 340-9920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)