

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

FILED
Aug 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000080919 (9)
1. Corporation Name

VALLEY TRADE CORPORATION



Principal Place of Business 4691 N UNIVERSITY DR STE 467 CORAL SPRINGS FL 33067 US	Mailing Address 4691 N UNIVERSITY DR STE 467 CORAL SPRINGS FL 33067 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8399 N.W. 66 Street Suite, Apt. #, etc. 22 Suite No. 3 City & State 23 Miami, FLORIDA Zip 24 33166 Country 25 U.S.A		2a. Mailing Address 26 8399 N.W. 66 Street Suite, Apt. #, etc. 27 Suite No. 3 City & State 28 Miami, FLORIDA Zip 29 33166 Country 30 U.S.A		3. Date Incorporated or Qualified 09/30/1996 4. FEI Number 65-0698967 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

INCORPORATORS PLUS, INC.
1214 N. UNIVERSITY DRIVE
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 title 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	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEJIA, MAURICIO	1.2 NAME	Mejia, Mauricio
STREET ADDRESS	4691 N UNIVERSITY DR STE 467	1.3 STREET ADDRESS	8399 N.W. 66 Street, Suite No. 3
CITY-ST-ZIP	CORAL SPRINGS FL 33067	1.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALVIS, JUAN M	2.2 NAME	Galvis, Juan M
STREET ADDRESS	4691 N UNIVERSITY DR STE 467	2.3 STREET ADDRESS	8399 N.W. 66 Street, Suite No. 3
CITY-ST-ZIP	CORAL SPRINGS FL 33067	2.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZACCOUR, LUIS GUILLERMO	3.2 NAME	Zaccour, Luis Guillermo
STREET ADDRESS	4691 N UNIVERSITY BLVD STE 467	3.3 STREET ADDRESS	8399 N.W. 66 Street, Suite No. 3
CITY-ST-ZIP	CORAL SPRINGS FL 33067	3.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ANGULO, ASLFREDO	4.2 NAME	
STREET ADDRESS	4691 N UNIVERSITY DR STE 467	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALVIS, JUAN M	5.2 NAME	Galvis, Juan M
STREET ADDRESS	4691 N UNIVERSITY BLVD STE 467	5.3 STREET ADDRESS	8399 N.W. 66 Street, Suite No. 3
CITY-ST-ZIP	CORAL SPRINGS FL 33067	5.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	S	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZACCOUR, LUIS G	6.2 NAME	Zaccour, Luis G
STREET ADDRESS	4691 N UNIVERSITY DR STE 467	6.3 STREET ADDRESS	8399 N.W. 66 Street, Suite No. 3
CITY-ST-ZIP	CORAL SPRINGS FL 33067	6.4 CITY-ST-ZIP	Miami, FL 33166

14. I 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 transfer 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

JUAN MANUEL GALVIS 8/3/98 (305) 591-3323

CR2E034 (10/97)