

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90010 013 ***150.00

DOCUMENT # P96000080919

1. Corporation Name

VALLEY TRADE CORPORATION

Principal Place of Business

8399 N.W. 66 STREET
SUITE NO. 3
MIAMI FL 33166
US

Mailing Address

8399 N.W. 66 STREET
SUITE NO. 3
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1996

4. FEI Number

65-0698967

Applied For

Not Applicable

5. 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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 CLARA CARVAJALINO

82 Street Address (P.O. Box Number is Not Acceptable)
8399 N.W. 66th Street

83 Suite No. 3

84 City Miami

FL

85 Zip Code 33166

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

Clara Carvajalino

3/30/99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
MEJIA, MAURICIO
STREET ADDRESS 8399 N.W. 66 STREET, SUITE NO 3
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ DELETE

NAME D
GALVIS, JUAN M.
STREET ADDRESS 8399 N.W. 66 STREET, SUITE NO 3
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ DELETE

NAME D
ZACCOUR, LUIS GUILLERMO
STREET ADDRESS 8399 N.W. 66 STREET, SUITE NO 3
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ DELETE

NAME T
GALVIS, JUAN M
STREET ADDRESS 8399 N.W. 66 STREET, SUITE NO 3
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ DELETE

NAME S
ZACCOUR, LUIS G
STREET ADDRESS 8399 N.W. 66 STREET, SUITE NO. 3
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ DELETE

NAME XXXXX
STREET ADDRESS XXXXX
CITY-ST-ZIP XXXXX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS XXXXXX
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS XXXXXXXX
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS XXXXXXXX
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS XXXXXX
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS XXXXXXXX
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS XXXXXXXX
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Luis Guillermo Zaccour

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)