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

CORPORATION ANNUAL REPORT

Lam an officer or director of the co appears in Block 12 or Block 13 in

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000086136 (4) VALEN-TRADE, INC. Principal Place of Business Mailing Address 8045 NORTHWEST 36TH STREET, SUITE 506A 8045 NORTHWEST 38TH STREET, SUITE 506A MIAMI FL 33166 MIAMI FL 33168-6627 3. Date Incorporated or Qualified 3a. Date of Last Report 10/17/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 21 Not Applicable Suite, Apt. #, etc. Suite. Ant. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζφ Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 25 30 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 **CORAL GABLES FL 33134** 83 84 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of, Section 607.0405, Florida Statutes. Pursuant to the provisions of Sections office or registered agent of both, in agent Larii familiar witl ERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE Change 1/1/16 **GOLDING, ADOLFO CARRIZO** 1.2 NAME NAME 8045 NORTHWEST 36TH STREET, SUITE 506A 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** 1.4 CITY-ST-2IP 0114 | \$4-714 TILLE VSTD DELETE 2.1 TITLE Change Addition RONDON, LEANDRO B 2.2 NAME NAM: 8045 NORTHWEST 36TH STREET, SUITE 506A STREET ADDRESS 2 3 STREET ADDRESS **MIAMI FL 33166** Off 1 - \$3 - 709 2. 4 CITY - ST - ZIP DELETE Change Addition THE 3.1 TITLE MAME 3.2 NAME 33 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - \$1 - 701 DELETE 4.1 TITLE Change Addition THEF 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP OHY-SI-28 DELETE Change Addition 5.1 TITLE THE 5.2 NAME NAME STHELLADORESS 5.3 STREET ADDRESS 5.4 CHTY-ST-ZIP CHY+\$1-76 DELETE Change Addition 6.1 TITLE THE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 DITY-ST-ZIP CHY-ST ZIE bords with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the for supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I do hereby certify that the information information indicated on this annual y