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PRÖFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000093148 (0)

VALUCALL INC.

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address 2197 N.W. 59TH ST. 2197 N.W. 59TH ST. **BOCA RATON FL 33496 BOCA RATON FL 33496-3472** 3. Date Incorporated or Qualified 3a. Date of Last Report 11/08/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0710693 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PARISI, JOSEPH 2197 N.W. 59TH ST. **B2** Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33496** 63 R4 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named conoration 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 conoration's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 10SEPH OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE Addition PARISI, JOSEPH NAME 1.2 NAME 2197 HW 59+424 reet-STREET ADDRESS 1.3 STREET ADDRESS BOCK RATON, FL 33496-3472 1.4 CHY+ST-ZIP CITY-ST-7IP DELETE Change Addition 2.1 TITLE STEVEN FRIEDMAN NAME 2.2 NAME 11902 SE TIFFANY WAY STREET ADDRESS 2.3 STREET ADDRESS TEQUESTA, FL33469-1776 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY-\$1-7IP DELETE ☐ Change TITLE 4.1 TITLE ___ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRÉSS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME

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 logal offect 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 artifices.

6.4 CITY - ST- ZIP

6.3 STREET ADDRESS

(90/0/ /2/

FILED

Apr 30 1997 8:00am

Secretary of State