DOCUMENT # P96000100484

1. Entity Name Flores Del Valle, Inc.

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90363 031 ***150.00

Principal Place of Business

Mailing Address

A0070920

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8249 NW 36 St.		8249 NW 36 St.	
Suite, Apt. #, etc. Ste. 212		Suite, Apt. #, etc. Ste 212	
City & State Miami Fl		City & State Miami Florida	
Zip 33166	Country USA	Zip 33166	Country U.S.A.

4. FEI Number 65-0712062 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JUAN P. CARRASCO

7. Name and Address of New Registered Agent

Name JUAN P. Carrasco

Street Address (P.O. Box Number is Not Acceptable)

8249 NW 36 St. Ste. 212

City Miami FL Zip Code 33166

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature] 4/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00 After May 1, 2001 Fee will be $550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE P/S/T NAME JUAN P. Carrasco STREET ADDRESS 8249 NW 36 St, Ste. 212 CITY-ST-ZIP Miami, FL 33166	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/01 (305) 513-2619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #