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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

## 1998 DOCUMENT # P97000016561 (7) DI VALLE, INC.

FILED Feb 26 1998 8:00am Secretary of State

| Principal Place of Business                | Mailing Address                            | t honsinder eid ideit; datet datet datet fante finde deitet beide beide beide beide beide eine inde         |
|--|--|---|
| 7441 WAYNE AVENUE<br>#20<br>Miami Fl 33141 | 7441 WAYNE AVENUE<br>#2D<br>Miami Fl 33141 | DO NOT WRITE IN THIS SPACE  |
|  |  | 3. Date Incorporated or Qualified 02/20/1997  |
| 2. Principal Place of Business             | 2a. Mailing Address                        | 4. FEI Number Applied For   |
| 21   | 26   | 65-0744709 Not Applicable   |
| Suite, Apt. #, etc.                        | Suite, Apr #, etc.                         | 5. Certificate of Status Desired Service Fee Required   |
| City & State                               | City & State 28                            | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees                          |
| Zip Counti 24 25                           | y Zip Cor<br>29 30                         | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No |
| 9, Name and Addre                          | ess of Current Registered Agent            | 10. Name and Address of New Registered Agent  |
| DIAZ, ANGEL N<br>7441 WAYNE AVENUE<br>#2D  |  | 81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  |
| MIAMI FL 33141                             |  | 83  |

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.

City

|                 | , ,  |  |   |                                | i              |
|-----------------|--|--|---|--------------------------------|----------------|
| SIGNATURE       | Signature, typed or printed cause of regelected agent and life i | Creation the Court of the Court | Classical and Appel signal up s   | equired when reinstating) DATE |                |
| 12.             | OF HCFRS AND DIRECTORS   |  | Fingistered Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                | TORS IN 12     |
| TITLE           | PD   | DELETE   | 1.1 TITLE   | □ Che                          |                |
| NAME            | DIAZ, ANGEL N  |  | 1.2 NAME  |                                |                |
|                 | 7441 WAYNE AVENUE, #2D,  |  |   |                                |                |
| STREET ADORESS  |  |  | 1.3 STREET ADDRESS  |                                |                |
| CITY-ST-ZIP     | MIAMI FL 33141   |  | 1.4 CITY - ST - ZIP   |                                | - Addition     |
| TITLE           | VD   | DELETE   | 2.1 TITLE   | Cha                            | nge 🔲 Addition |
| NAME            | DIAZ, ZULMA  |  | 2.2 NAME  |                                |                |
| STREET ADDRESS  | 7441 WAYNE AVENUE, #2D   |  | 2.3 STREET ADDRESS  |                                | ļ              |
| CITY - ST - ZIP | MIAMI FL 33141   |  | 2. 4 CITY - ST-ZIP  |                                |                |
| TITLE           |  | DELETE   | 3.1 TITLE   | ☐ Cha                          | nge Addition   |
| NAME            |  |  | 3.2 NAME  |                                |                |
| STREET ADDRESS  |  |  | 3.3 STREET ADDRESS  |                                |                |
| CITY-ST-ZIP     |  |  | 3 4. CITY-ST-ZIP  |                                |                |
| TITLE           |  | DELFTE   | 4.1 TITLE   | ☐ Cha                          | nge 🔲 Addition |
| NAME            |  |  | 4. 2 NAME   |                                |                |
| STREET ADDRESS  |  |  | 4.3 STREE1 ADDRESS  |                                | ı              |
| CITY-SI-ZIP     |  |  | 4.4 CITY - ST - ZIP   |                                |                |
| TITLE           |  | DELFTE   | 5.1 TITLE   | ☐ Cha                          | nge Addition   |
| NAME            |  |  | 5.2 NAME  |                                |                |
| STREET ADDRESS  |  |  | 5 3 STREET ADDRESS  |                                |                |
| CITY-ST-ZIP     |  |  | 5.4 CITY-ST-ZIP   |                                |                |
| TITLE           |  | ☐ DELETE   | 6.1 7ITLE   | Cha                            | nge 🔲 Addition |
| NAME            |  |  | 6.2 NAME  |                                |                |
| STREET ADDRESS  |  |  | 6.3 STREET ADDRESS  |                                | i              |
| CITY-ST-ZIP     |  |  | 6.4 CITY-ST-ZIP   |                                |                |

14. Thereby 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 suppliemental annual report is true and acceptate 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 alternment with an address.

SIGNATURE:

August 1

2-23-98

(305)PW-P273

R2F034 (10/97)

Zip Code