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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000020202

1. Corporation Name

VALLADARES ENTERPRISE, INC.

Principal Place of Business

232 LIDO DRIVE
PUNTA GORDA FL 33950

Mailing Address

232 LIDO DRIVE
PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1997

4. FEI Number

65-0752903

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 227 Taylor St

Suite, Apt. #, etc.
Punta Gorda, FL

23 33950 USA

City & State

Zip Country

24 25 29 30

2a. Mailing Address

26 227 Taylor St

Suite, Apt. #, etc.
Punta Gorda, FL

28 33950 USA

City & State

Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

HORNER, MIKE
222 NESBIT ST
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name Antonio Lemus CPA

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

117 Marcia Dr.

83

84 City Altamonte Springs FL

85 Zip Code 32714

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☒ DELETE

NAME VALLADARES, JEANETTE

STREET ADDRESS 227 TAYLOR ST

CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ DELETE

NAME VALLADARES, BLANCA

STREET ADDRESS 227 TAYLOR ST

CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ DELETE

NAME VALLADARES, NETTE

STREET ADDRESS 227 TAYLOR ST

CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☒ DELETE

NAME ACHKAR, AMIN

STREET ADDRESS 227 TAYLOR ST

CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME Raul Barrios

1.3 STREET ADDRESS 227 TAYLOR ST

1.4 CITY-ST-ZIP Punta Gorda FL 33950

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

941-575-1333

CR2E034 (1/98)