

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000035617 (4)

1. Corporation Name

VALPAR CONSULTANTS, INC.

Principal Place of Business

5657 SW 142ND AVE.
MIAMI FL 33183

Mailing Address

5657 SW 142ND AVE.
MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1997

4. FEI Number

65-0749698

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☒ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 SAME AS ABOVE

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 SAME AS ABOVE

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1188 OCEAN SHORE BLVD., SUITE 195
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent

81 Name

ROBERT PELIER, ESQ.

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

350 SEVILLA AVE. Suite 201

83

84 City

CORAL GABLES

FL

85 Zip Code

33154

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

ROBERT PELIER, ESQ.

APRIL 8, 1998

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 D
NAME BERNARDO, MANUEL O
STREET ADDRESS 5657 SW 142ND AVE.
CITY-ST-ZIP MIAMI FL 33183

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY-TREASURER
1.2 NAME LISSETTE V. DEAS-BERNARDO
1.3 STREET ADDRESS 657 SW 142ND AVE
1.4 CITY-ST-ZIP MIAMI, FL 33183

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE:

Manuel O. Bernardo

MANUEL O. BERNARDO

APRIL 8, 1998

(305)382-2HTT

CR2E034 (10/97)