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



FILED

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 29 1998 8:00am Secretary of State
DOCUMENT # P9700041336 (3) VALDES BUILDERS, INC. Principal Place of Business Mailing Address 8011 W POWHATAN AVE TAMPA FL 33615 BOTO W POWHATAN AVE TAMPA FL 33615				DO NOT WRITE IN THIS SPACE
2. Principal P 21 Suite, Apt. 22 City & State		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State		3. Date Incorporated or Qualified 05/05/1997 4. FEI Number 59-3446446 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip	Country 25 9. Name and Address of Cur	28 7 _(p)	Country 30	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
11. Pursuant	DES, ORLANDO 1 W POWHATAN AVE MPA FL 33615 to the provisions of Sections 607.6 egistered agont, or both in the St m familiar with, and accept the ob-	ate of Dorida. Such change w	83 84 City atutes, the above-named case authorized by the coron	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered	agent and time it applicable	NOTE Registered Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OF FIGURE 2	DELETE	1.1 TITLE	Change Addition
NAME			1.2 NAME	ONLAWDO VALDES BOIL W POWNATAW AJE TAMPIT FL 33615
STREET ADDRESS			1.3 STREET ADDRESS	2011 W POWN ATAW AJE
CITY-ST-ZIP		·	14 CITY-ST-ZIP	TAMOR FL 3361S
TITLE NAME STREET ADDRESS		☐ DELETE	2.2 NAME	VICE PRESIDENT Change Maddition (KATHEN I'VE VALUES BOIL W POWHATAW AVE. TRUPP FL 33615
CITY-ST-ZIP TITLE NAME STREET ADDRESS	<u> </u>	DELETE	3.1 TITLE	Sec/Thes Change Maddition Change Waddition Ch
CITY-ST-ZIP			3.4. CITY - ST - ZIP	7940 EL 336/5
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	4.4 CITY-ST-7/P 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY CT. 7/P	Change Addition
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME		L) vacin	6.2 NAME	Change reputati
STREET ADDRESS			6.3 STREET ADDRESS	

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 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 13 if changed, or on an attachment with an address.