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

FILED Mar 10 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION . Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000046022 (4) DOCUMENT # V.A.L. CONSTRUCTION INC. Principal Place of Business Mailing Address 8205 S.W. 152 AVENUE #107 8205 S.W. 152 AVENUE #107 MIAMI FL 33193 MIAMI FL 33193 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/22/1997 2. Principal Place of Business 2a. Mailing Address Applied For 19110 S.W. 1774 Ave 19110 S.W. 1774 Dre 65-0455628 Not Applicable 1 Apt #, etc. Sulte, Apt. #, etc. \$8.75 Additional V 5. Certificate of Status Desired 116 22 27 Fee Required City & State \$5.00 May Be 6. Election Campaign Financing liam Added to Fees Trust Fund Contribution 28 23 Country Country Zip 8. This corporation owes or has paid the current year Intangible uś A-33187 37 25 USA 29 3318 9. Name and Address of Current Registered Agent USA ☐ Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 LAESA, VITO A 8205 S.W. 152 AVENUE #107 82 **MIAMI FL 33193** Miam: 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 appointment of 507.0505, Florida Statutes. GB, larch or SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 X DELETE 1.1 TITLE Change Addition TITLE Suzetle Lefebone 18105.W. 177 the #118 Vito A. Laene NAME 1.2 NAME 6205 SW 152 Ave STREET ADDRESS 1.3 STREET ADDRESS Mian: fl 33183 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE Change 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITUE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

DELETE

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

TITLE

NAME

STREET ADDRESS

SIGNATURE:

Block 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP

Change

Addition