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Secretary of State

03-01-1999 90103 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000046022					
1. Corporation Name V.A.L. CONSTRUCTION INC.					
Principal Place of Business 1910 SW 177TH AVENUE SUITE 118 MIAMI FL 33187 US			Mailing Address 19110 SW 177TH AVENUE SUITE 118 MIAMI FL 33187 US		
2. Principal Place of Business 21 5960 S.W. 32 terr.		2a. Mailing Address 26 5960 S.W. 32 terr		3. Date Incorporated or Qualified 05/22/1997	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0755628 Applied For Not Applicable	
City & State 23 fort lauderdale fl		City & State 28 fort lauderdale FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33312		Zip 29 33312		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 USA		Country 30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LEFEBURE, SUZETTE 19110 SW 177TH AVENUE SUITE 118 MIAMI FL 33187			10. Name and Address of New Registered Agent 81 Name Vito Laera 82 Street Address (P.O. Box Number is Not Acceptable) 5960 S.W. 32 terrace 83 84 City fort lauderdale FL 85 Zip Code 33312		
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 <i>Suzette Lefebure</i> DATE Feb 01, 1999 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE P <input checked="" type="checkbox"/> DELETE NAME LEFEBURE, SUZETTE STREET ADDRESS 19110 SW 177TH AVENUE #118 CITY-ST-ZIP MIAMI FL 33187 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE President <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Vito Laera 1.3 STREET ADDRESS 5960 S.W. 32 terr 1.4 CITY-ST-ZIP fort lauderdale FL 33312 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 01, 1999
Date

954-309-5922
Daytime Phone #

CR2E034 (11/98)

00292876