PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

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DEL VALLE INVESTMENTS, INC. Principal Place of Business Mailing Address 925 SPOONBILL CIRCLE 925 SPOONBILL CIRCLE WESTON FL 33326 WESTON FL 33326 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 10/06/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65089 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Act. #, etc. 5. Certificate of Status Desired \Box Fee Required 27 22 8. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 23 Country This corporation owes the current year intangible Zio Personal Property Tax. Ti Yes 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DEL VALLE, CARLOS Street Address (P.O. Box Number Is Not Acceptable) 82 925 SPOONBILL CIRCLE WESTON FL 33326 Rì Zip Code City FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stalutes, 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 enames 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 807.0505, Florida Statutes. CAROS DEL VALLE SIGNATURE (11/98)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. ☐ Addition ☐ Change DELETE 11 THE TITLE **CR2E034** DEL VALLE, CARLOS 12 NAME POLICE 925 SPOONBILL CIRCLE 13 STREET ADORESS STREET ADDRESS WESTON FL 33326 1.4 CITY-ST-ZIF CITY-ST-ZIP Addition ☐ Change ☐ DELETË TITLE DEL VALLE, ELSA 22NAME MALE 925 SPOONBILL CIRCLE 2.3 STREET ADDRESS STREET ADORESS WESTON FL 33326 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRES STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE-Change 4 f TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change Addition ☐ DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 eath; 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