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

PROFIT-CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P98000098538**1. Corporation Name

VALERIANO CORPORATION

Pri	ncipal Plac	e or	Busines
601	BRICKELL	KEY	DRIVE

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90184 019 ***150.00



Principal Place of	Business	Mailing Address			in inini išini diras kini iski issi
801 BRICKELL KEY DRIVE 801 BRICKELL KEY DRIVE SUITE 705					
MIAMI FL 33131	•	MIAMI FL 33131		DO NOT WRITE IN TH	IS SPACE
	•			3. Date Incorporated or Qualifed	
·		S- Mailing Address		11/24/1998 4. FEI Number	Applied For
2. Principal Place 21 /0730	NW 66 74 3		66TH ST	65-0894106	Not Applicable
Suite, Apt. # 2 22	tc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State M/Am/	R	City & State	K	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 3317	Country 25 US	29 Zip 73,278 3	Country A	This corporation owes the current year Personal Property Tax.	☐ Yes X No
). Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registere	d Agent
	The second of the second		81 Name	Polis Kosen	
	PENA, VILLANUEVA & BAJA	NDAS, LLP	82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	CKELL KEY DRIVE		25	SE 2ND AVENUE	5 7120
SUITÉ 7			83		
MIAMI-F	L 33131		84 City A.		85 Zip Code
			84 City M/	Am/ F	L 85 Zip Code / 33/3/
11. Pursuant to the office or regis	he provisions of Sections 607.05 stereo agent, or both, in the Stat	502 and 607.1508, Florida Statutes e of Florida, Such change was aut	, the above-named corp norized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered pointment as registered
agent. I am fa	amiliatrivith, and accept the obliq	gations of, Section 607.0505, Florid	a Statutes.	4-28	199
SIGNATURE	lature, typed or printed name of registered at	nent and title if applicable (NOTE: Re	egistered Agent signature required	d when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
	RESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME V	() () () () () () () () () ()	0.00	1.2 NAME		
STREET ADDRESS	HLEKIANU, R	DI ST # 308	1.3 STREET ADDRESS	•	
CITY-ST-ZIP	0/30 1200	10	1.4 CITY-ST-ZIP		
TITLE	41.40×11/1.10-22/	DELETE	2.1 TITLE	•	☐ Change ☐ Addition
NAME - 1	a company with the	· _·	2.2 NAME		. [
STREET ADDRESS	•		2.3 STREET ADDRESS	-	
CITY-ST-ZIP	••		2. 4 CiTY-ST-ZiP		,
TITLE		☐ DELETE	3.1 TITLE	<u> </u>	☐ Change ☐ Addition
NAME			3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS	•	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	•	
TITLE <		☐ DELETE	4.1 TITLE	, , , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addition
NAME S			4. 2 NAME		,
STREET ADDRESS	4.4		4.3 STREET ADDRESS	,	
CITY-ST-ZIP	***		4.4 CITY-ST-ZIP		
TITLE	· .	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME .			5.2 NAME		, ,
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE 4		☐ Change ☐ Addition
NAME	•		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-7IP	•	·	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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROCCO VALERIANO