

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90255 011 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000106769**

1. Corporation Name

**VALE ENTERPRISES, INC.**



Principal Place of Business

**7441 WAYNE AVENUE 8P  
MIAMI FL 33141**

Mailing Address

**7441 WAYNE AVENUE 8P  
MIAMI FL 33141**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/24/1998**

2. Principal Place of Business

**21 6595 N.W. 36 ST.**

2a. Mailing Address

**26 6595 N.W. 36 ST.**

4. FEI Number

**65-088443Y**

Applied For

Not Applicable

Suite, Apt. #, etc.

**22 218**

Suite, Apt. #, etc.

**27 218**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

**23 MIAMI, FL**

City & State

**28 MIAMI, FL**

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

Zip

**24 33166**

Country

**25 USA**

Zip

**29 33166**

Country

**30 USA**

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**DO VALE, MARIA E  
7441 WAYNE AVENUE 8P  
MIAMI FL 33141**

10. Name and Address of New Registered Agent

**81 Name DO VALE, MARIA E.**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**6595 N.W. 36 ST.**

**83 218**

**84 City MIAMI**

**FL**

**85 Zip Code 33166**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD**  
**NAME DO VALE, LI BORGES**  
**STREET ADDRESS 7441 WAYNE AVENUE 8P**  
**CITY-ST-ZIP MIAMI FL 33141**

☒ DELETE

**TITLE VSTD**  
**NAME DO VALE, MARIA E**  
**STREET ADDRESS 7441 WAYNE AVENUE 8P**  
**CITY-ST-ZIP MIAMI FL 33141**

☒ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE PD**  
**1.2 NAME DO VALE, LI BORGES**  
**1.3 STREET ADDRESS 6595 N.W. 36 ST., STE 218**  
**1.4 CITY-ST-ZIP MIAMI FL 33166**

☒ Change ☐ Addition

**2.1 TITLE VSTD**  
**2.2 NAME DO VALE, MARIA E**  
**2.3 STREET ADDRESS 6595 N.W. 36 ST., STE 218**  
**2.4 CITY-ST-ZIP MIAMI FL 33166**

☒ Change ☐ Addition

**3.1 TITLE**  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**4.1 TITLE**  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**5.1 TITLE**  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**6.1 TITLE**  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-ST-ZIP**

☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**MARIA EUGENIA DO VALE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)