

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

|                                                |                                                                                   |                                                                                                    |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1996 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # S17888 (6)

1. Corporation Name  
VAL'S HELPING HAND, INC.



Principal Place of Business  
1325 N.E. 176TH STREET  
N. MIAMI BEACH FL 33162  
US

Mailing Address  
1325 N.E. 176TH STREET  
N. MIAMI BEACH FL 33162  
US

3. Date Incorporated or Qualified 01/01/1991  
3a. Date of Last Report 08/24/1995

|                                |                         |                                                                                        |                                |
|--------------------------------|-------------------------|----------------------------------------------------------------------------------------|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     | 4. FEI Number 65-0234817                                                               | Applied For Not Applicable     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired                                                       | \$8.75 Additional Fee Required |
| 22. City & State               | 27. City & State        | 6. Election Campaign Financing Trust Fund Contribution                                 | \$5.00 May Be Added to Fees    |
| 23. Zip                        | 28. Zip                 | 8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes | Yes No                         |
| 24. Country                    | 29. Country             |                                                                                        |                                |
| 30. Country                    |                         |                                                                                        |                                |

9. Name and Address of Current Registered Agent

RODRIGUEZ, VALERIE  
1325 NE 176 ST  
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City FL 85. Zip Code

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 office if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

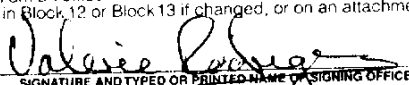
|                 |                    |        |
|-----------------|--------------------|--------|
| TITLE           | PTS                | DELETE |
| NAME            | RODRIGUEZ, VALERIE |        |
| STREET ADDRESS  | 1325 NE 176 ST     |        |
| CITY - ST - ZIP | NORTH MIAMI BCH FL |        |
| TITLE           | D                  | DELETE |
| NAME            | RODRIGUEZ, VALERIE |        |
| STREET ADDRESS  | 1325 NE 176 ST     |        |
| CITY - ST - ZIP | NORTH MIAMI BCH FL |        |
| TITLE           | VD                 | DELETE |
| NAME            | RODRIGUEZ, CARLOS  |        |
| STREET ADDRESS  | 1325 NE 176 ST     |        |
| CITY - ST - ZIP | NORTH MIAMI BCH FL |        |
| TITLE           |                    | DELETE |
| NAME            |                    |        |
| STREET ADDRESS  |                    |        |
| CITY - ST - ZIP |                    |        |
| TITLE           |                    | DELETE |
| NAME            |                    |        |
| STREET ADDRESS  |                    |        |
| CITY - ST - ZIP |                    |        |
| TITLE           |                    | DELETE |
| NAME            |                    |        |
| STREET ADDRESS  |                    |        |
| CITY - ST - ZIP |                    |        |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                 |
|---------------------|-----------------|
| 11. TITLE           | Change Addition |
| 12. NAME            |                 |
| 13. STREET ADDRESS  |                 |
| 14. CITY - ST - ZIP | Change Addition |
| 21. TITLE           |                 |
| 22. NAME            |                 |
| 23. STREET ADDRESS  |                 |
| 24. CITY - ST - ZIP | Change Addition |
| 31. TITLE           |                 |
| 32. NAME            |                 |
| 33. STREET ADDRESS  |                 |
| 34. CITY - ST - ZIP | Change Addition |
| 41. TITLE           |                 |
| 42. NAME            |                 |
| 43. STREET ADDRESS  |                 |
| 44. CITY - ST - ZIP | Change Addition |
| 51. TITLE           |                 |
| 52. NAME            |                 |
| 53. STREET ADDRESS  |                 |
| 54. CITY - ST - ZIP | Change Addition |
| 61. TITLE           |                 |
| 62. NAME            |                 |
| 63. STREET ADDRESS  |                 |
| 64. CITY - ST - ZIP |                 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  VALERIE RODRIGUEZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 7-24-96  
Telephone 305 445 1735