

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 10:23

DOCUMENT # **S23425** (9)

1. Corporation Name
VALLS MANAGEMENT GROUP INC

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 700 S.W. 36TH AVENUE MIAMI FL 33135	Mailing Address 700 S.W. 36TH AVENUE MIAMI FL 33135
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3. Date Incorporated or Qualified 01/07/1991	3a. Date of Last Report 04/06/1994
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip	2a. Mailing Address 25. Suite, Apt. #, etc. 27. City & State 28. Zip	4. FEI Number 65-0233280	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
24. Country	29. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent VALLS, FELIPE A., SR. 700 S.W. 36TH AVENUE MIAMI FL 33135		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME VALLS, FELIPE A., SR.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 700 S.W. 36TH AVE.	CITY-ST-ZIP MIAMI FL	1.2 NAME	
TITLE DS	NAME VALLS, FELIPE A., JR.	1.3 STREET ADDRESS	
STREET ADDRESS 700 S.W. 36TH AVE.	CITY-ST-ZIP MIAMI FL	1.4 CITY-ST-ZIP	
TITLE VP	NAME TORRES DE NAVARRA, CARLO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 700 SW 36TH AVENUE	CITY-ST-ZIP MIAMI FL	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Felipe A. Valls, Sr.* **PRESIDENT** 1/13/95 (305)446-4910
(Signature and typed or printed name of signing officer or director)