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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

S24917

VALLS-AIR CORP.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 700 SW 36TH AVE 700 SW 36TH AVE MIAMI FL 33135 MIAMI FL 33135 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/11/1991 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0272256 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Žip Country Country 8. This corporation owes or has paid the current year Intarigible Yes Personal Property Tax due June 30. 24 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VALLS, FELIPE A. JR. 700 SW 36TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33135** 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 Signature, typed or printed heroe of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DST DELETE Change Addition TITLE 1,1 TITLE VALLS, FELIPE A. SR **1.2 NAME** NAME 700 SW 36TH AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 2.1 TITLE VALLS, FELIPE A. JR NAME 2.2 NAME 700 SW 36TH AVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY - \$T - ZIP DILETE Change Addition 3 1 TITLE TITLE FAJARDO, PABLO NAME 3.2 NAME 700 S.W. 36TH AVE. STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.9 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 THTLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADORESS 6.4 PTY-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 if true and accurage 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 trusted empowered of 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.