

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90134 002 ***150.00

DOCUMENT # S24917

1. Corporation Name
VALLS-AIR CORP.



Principal Place of Business

700 SW 36TH AVE
MIAMI FL 33135

Mailing Address

700 SW 36TH AVE
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3663 S.W. 8th Street

2a. Mailing Address
3663 S.W. 8th Street

21 Suite, Apt. #, etc.
Third Floor

26 Suite, Apt. #, etc.
Third Floor

22 City & State
MIAMI FL

27 City & State
MIAMI FL

23 Zip
33135

25 Country
USA

28 Zip
33135

30 Country
USA

3. Date Incorporated or Qualified

01/11/1991

4. FEI Number

65-0272256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

VALLS, FELIPE A. JR.
700 SW 36TH AVE
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name
VALLS, FELIPE A. JR.

82 Street Address (P.O. Box Number is Not Acceptable)
3663 S.W. 8th Street Third Floor

83

84 City/State
MIAMI FL

85 Zip Code
33135

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
VALLS, FELIPE A. SR
700 SW 36TH AVE
MIAMI FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
VALLS, FELIPE A. JR
700 SW 36TH AVE
MIAMI FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
FAJARDO, PABLO
700 S.W. 36TH AVE.
MIAMI FL ☐ 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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DST
VALLS, FELIPE A. SR.
3663 S.W. 8th Street Third Floor
Miami, FL 33135 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DP
VALLS, FELIPE A. JR
3663 S.W. 8th Street Third Floor
Miami, FL 33135 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
DT
FAJARDO, PABLO
3663 S.W. 8th Street Third Floor
Miami, FL 33135 ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FELIPE A. VALLS, JR. PRESIDENT

2/1/99 (305) 446-4916

Date

Daytime Phone #

CR2E034 (1/98)