FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
SUNDAR MADRAS
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S44634** **(1)**

1. Corporate Name

MULTIVALORES SERVICES, INC.

Principal Place of Business

~~89 BAY HEIGHTS DR~~
~~MIAMI FL 33133~~
2908 S.W. 27th AVENUE
MIAMI, FL. 33133

Mailing Address

2908 S.W. 27TH AVENUE
MIAMI FL 33133
US

2. Principal Place of Business

21 2908 S.W. 27th AVE
Street Address
22
Suite
23 MIAMI FLA
24 33133 25 Country U.S.

2a Mailing Address

26
Street Address
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 04/08/1991

3a. Date of Last Report: 01/17/1995

4. FEI Number: 65-0254788 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. File for Computer Filing and Fund Fund Combination ☐ **$5.00** May Be Added to Fees

8. This corporation has liability contingent under s. 193.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KOFF, ANA I. ESQ
90 BAY HEIGHTS DRIVE
W PALM BEACH FL 33133

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 Section 607.0505 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 duties of Section 607.0505 Florida Statutes.

SIGNATURE Date

12. OFFICERS AND DIRECTORS

D ☐ SET FIL
RASKOSKY, SERGIO
% 89 BAY HEIGHTS DR
MIAMI FL

D ☐ DELETE
CORDON, CESAR
% 89 BAY HEIGHTS DR
MIAMI FL

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY, ST, ZIP

2 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY, ST, ZIP

3 TITLE ☐ Change ☐ Addition
3 NAME
3 STREET ADDRESS
4 CITY, ST, ZIP

4 TITLE ☐ Change ☐ Addition
4 NAME
4 STREET ADDRESS
4 CITY, ST, ZIP

5 TITLE ☐ Change ☐ Addition
5 NAME
5 STREET ADDRESS
5 CITY, ST, ZIP

6 TITLE ☐ Change ☐ Addition
6 NAME
6 STREET ADDRESS
6 CITY, ST, ZIP

14. I, [illegible], 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 a director or officer of the corporation or the trustee or trustee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an attached list.

SIGNATURE: [signature] 1/29/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)