FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # S53130 (8)

1. Corporation Name

PLEASANT VALLEY INC.

Principal Place of Business	Mailing Address
3149 BRICKELL AVE MIAMI FL 33131 US	3149 BRICKELL AVE MIAMI FL 33131 US

3. Date Incorporated or Qualified: 05/15/1991
3a. Date of Last Report: 01/25/1995
4. FEI Number: 65-0263977 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

SKOLA, THOMAS J.
801 BRICKELL AVE.
14TH FLOOR
MIAMI FL

10. Name and Address of New Registered Agent

81 Name: SKOLA, THOMAS J.
82 Street Address (P.O. Box Number is Not Acceptable): 5201 Blue Lagoon Drive, Suite 100
83
84 City: Miami FL 85 Zip Code: 33126

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: Thomas J Skola 1/30/96

12. OFFICERS AND DIRECTORS

	OFFICERS AND DIRECTORS	
TITLE	PD	☐ DELETE
NAME	ROMFH, JULES M	
STREET ADDRESS	801 BRICKELL AVENUE, 14TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPTD	☐ DELETE
NAME	ROMFH, EMILY	
STREET ADDRESS	801 BRICKELL AVENUE, 14TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	SKOLA, THOMAS J	
STREET ADDRESS	801 BRICKELL AVE 14TH FL	
CITY-ST-ZIP	MIAMI 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

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	ROMFH, JULES M	
1.3 STREET ADDRESS	5201 Blue Lagoon Drive, Suite 100	
1.4 CITY-ST-ZIP	Miami, Florida 33126	
2.1 TITLE	VPTD	☒ Change ☐ Addition
2.2 NAME	ROMFH, EMILY	
2.3 STREET ADDRESS	5201 Blue Lagoon Drive, Suite 100	
2.4 CITY-ST-ZIP	Miami, Florida 33126	
3.1 TITLE	S	☒ Change ☐ Addition
3.2 NAME	SKOLA, THOMAS J.	
3.3 STREET ADDRESS	5201 Blue Lagoon Drive, Suite 100	
3.4 CITY-ST-ZIP	Miami, Florida 33126	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Emily Romfh VPTD (Emily Romfh) 1-29-96 305-854-4349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)