2000 UNIFORM BUSI DOCUMENT # S76698	NESS REPO	ORT (UBR)	Mar 15,	TLED 2000 8:0	
1. Entity Name VALVY'S INTERNATIONAL, INC.				ary of Sta	
Principal Place of Business PO BOX 561981 MIAMI FL 33256 US	Mailing Address PO BOX 561981 MIAMI FL 33256-1981 US		044		
2. Principal Place of Business 40 57	3. Malling Address				
Suite, Apt. #, etc. UNIT #29 City State Miam, Florida		Suite, Applied For State City & State City			
Zip Country USS	737/5T	Country	Certificate of Status Desired Name and Address of New Re	S8.75 Addi Fee Required	tional
6. Name and Address of Current F MORENO-VARGAS, TERESA 9434 SW 156TH PLACE MIAMI FL 33196	tegistered Agent		P.O. Box Number is Not acceptable)		
		City Mian		FL Zip Code	55
8. The above named entity submits this statement for SIGNATURE HUMANUM Signature, typed or printed name of registered agent a	0	S registered office or registe		3-13-20C	00
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After MAY 1, 2	III FEE IS \$150.00 000 Fee will be \$550.00 ble to Department of Sta	1	. 🗆 Added	May Be to Fees
11. OFFICERS AND I TITLE PTD NAME VARGAS, GERMAN STREET ADDRESS CITY-ST-ZIP MIAMI FL	DIRECTORS	12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS Change	□ Addition □ Addition □ C034 (9/99)
TITLE VSD MORENO, TERESA STREET ADDRESS 9434 SW 156TH PL MIAMI FL	Delete	TITLE NAME STREET ADDRESS 74	ident 1854 MORENU +29 3) SUV 40 ST +29 18mi PC 3315	Change	Addition &
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE VICA	President CID TERESA OTERO 31 SW 40 ST +29 'ay' FL 33155	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emportanged, or on an attachment with an address very changed.	true and accurate and that owered to execute this repor	: my signature shall have the rt as required by Chapter 60	e same legal effect as if made under o	ath: that I am an officer (of director
SIGNATURE SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	3-13-2000 Date	786 388 Daytme Phone	<u>4174</u>



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

OFFICER / DIRECTOR RESIGNATION

I. GERMAN Vargas, hereby resign as PRESIDENT
(Title)
of Valuy's Internationa (OR). (Name of Corporation)
(Name of Corporation)
a corporation organized under the laws of the State of
and affirm that the corporation has been notified in writing of the resignation.
Marga
(Signature of resigning officer/director)

FILING FEE IS \$35.00-

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314