

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90050 015 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S83895

1. Corporation Name

OVALLE & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

9600 SW 8TH STREET
SUITE 49
MIAMI FL 33174

P.O. BOX 590563
MIAMI FL 33159
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1991

4. FEI Number

NOT APPLICABLE

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

2. Principal Place of Business

2a. Mailing Address

21 9960 N.W. 116 Way

26 P.O. Box 590-563

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite # 13

27

City & State

City & State

23 Miami Florida

28 Miami Florida

Zip

Country

Zip

Country

24 33178

25 Miami, Dade

29 33159

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRACKE, PEDRO G
13267 SW 9TH LA
MIAMI FL 33184

81 Name

Pedro Stracke

82

Street Address (P.O. Box Number is Not Acceptable)

1213 S.W. 177 Terrace

83

84

City

Pembroke Pines

FL

85

Zip Code

33024

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 P
NAME OVALLE-STRACKE, MARIA ELENA
STREET ADDRESS 13267 S.W. 9TH LANE
CITY-ST-ZIP MIAMI FL

TITLE V
NAME STRACKE, PEDRO
STREET ADDRESS 13267 S.W. 9TH LANE
CITY-ST-ZIP MIAMI FL

TITLE S
NAME STRACKE, ALFRED P
STREET ADDRESS 13267 SW 9TH LANE
CITY-ST-ZIP MIAMI FL 33184

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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:

Handwritten signature of Pedro Stracke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

305-863-0034

Date

Daytime Phone #

CR2E034 (11/98)