

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 # **S96289** (1)

1. Corporation Name
VALUE MASTERS, INC.



Principal Place of Business: 2001 SW 142 COURT MIAMI FL 33175
Mailing Address: 2001 SW 142 COURT MIAMI FL 33175

3. Date Incorporated or Qualified: 11/25/1991
3a. Date of Last Report: 05/12/1995
4. FEI Number: 65-0299685
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 SAME
2a. Mailing Address: 26 SAME
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**GELFAND, ELLIOTT J.
9400 S. DADELAND BLVD.
SUITE 100
MIAMI FL 33156**

10. Name and Address of New Registered Agent
81 Name: **VALLECILLO MAURICIO**
82 Street Address (P.O. Box Number is Not Acceptable): **2740 N.W. 112TH AVENUE**
83
84 City: **MIAMI** FL 85 Zip Code: **33172**

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: *Mauricio Vallecillo* (NOTE: Registered Agent signature required when registering) DATE:

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	VALLECILLO, MAURICIO	
STREET ADDRESS	2001 SW 142 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/>
NAME	VALLECILLO, YADIRA	
STREET ADDRESS	2001 SW 142 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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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)(b), 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 in an attachment with an address.

SIGNATURE: *Mauricio Vallecillo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MAURICIO VALLECILLO

April 25 1996 (305) 592-7440
DATE EXPIRES

CR2E034 (12/95)