

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **S96616 (5)**
1. Corporation Name
VALENCIA INTERNATIONAL APARTMENTS, INC.

Principal Place of Business: **418-430 VALENCIA UNIT 1101 MIAMI FL 33129 US**
Mailing Address: **1627 BRICKELL AVE UNIT 1101 MIAMI FL 33129**

APPROVED AND FILED
95 APR 18 PM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business: **21 21**
2a. Mailing Address: **26 2858 NW 79th Ave**
Suite, Apt. #, etc.: **27**
City & State: **28 Miami FL**
Zip: **29 33122** Country: **30 USA**

DO NOT WRITE IN THIS SPACE.
3. Date Incorporated or Qualified: **11/26/1991**
3a. Date of Last Report: **03/31/1994**
4. FEI Number: **65-0300998**
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

9. Name and Address of Current Registered Agent:
**BENITEZ, VILMA
1627 BRICKELL AVE
UNIT 1101
MIAMI FL 33129**

10. Name and Address of New Registered Agent:
81 Name: **Benitez Vilma**
82 Street Address (P.O. Box Number is Not Acceptable): **2858 NW 79th Ave**
83
84 City: **Miami** FL 85 Zip Code: **33122**

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 _____ DATE _____
(Signature, typed or printed name of registered agent and date of appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BENITEZ, VILMA
STREET ADDRESS	1627 BRICKELL AVE #1101
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Benitez, Vilma
13 STREET ADDRESS	2858 NW 79th Ave
14 CITY - ST - ZIP	Miami, FL 33122
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(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 employed, or on an attachment with an address.

SIGNATURE: *Vilma Benitez* **4/10/95**
(Signature and typed or printed name of signing officer or director) (Date)