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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **S96616**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90205 018 ***150.00



VALENC	ia international apartn	MENTS, INC.			
Principal Place	of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		0 0 0
•		1627 BRICKELL AVE			
418-420 VALENG CORAL GABLES		APT 1101			
US CONAL GABLES	3 1 2 30104	MIAMI FL 33129		DO NOT WRITE IN T	HIS SPACE
00		US		3. Date Incorporated or Qualifed	
				11/26/1991	
2 Principal Di	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
— · · · ·	ago or bosiness			65-0300998	Not Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.			\$8.75 Additional
	#, 6tc.	27		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
	5	28		Trust Fund Contribution	Added to Fees
23) Zip	Country	Zip	Country	8. This corporation owes the current year	
		· · · · · · · · · · · · · · · · · · ·	30	Personal Property Tax.	IZYes □No
24	9. Name and Address of Current	11		10. Name and Address of New Register	
	9. Name and Address of Current	Registered Agent	81 Name	10. 11.0.1	
BEN	ITEZ, VILMA		<u> </u>		
2490 CORAL WAY				ress (P.O. Box Number is Not Acceptable) CORAL WAY	्रा इंक्टर रू
	E 501		83	CORAL WAY, Se !!	
	/I FL 33145		דו עב ו"	E 201	
MIN	WITE 33 143		84 City •		85 Zip Code
			MIAT		L 33145
office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligate	of Florida. Such change was aut	inorizea by the corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	ppointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered Agent signature require	od when reinstating)	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	BENITEZ, VILMA		1.2 NAME		
STREET ADDRESS	1627 BRICKELL AVE, APT 1101	•	1.3 STREET ADDRESS		
	MIAMI FL		1,4 CITY-ST-ZIP	33 <i>1</i> 2	29
CITY-ST-ZIP TITLE	NIE-CMI I C	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
			2.2 NAME		
NAME			2.3 STREET ADDRESS		
STREET ADORESS					
CITY-ST-ZIP			2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE					
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP					
3111-31-2JF			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	 	☐ Change ☐ Addition
TITLE NAME		☐ DELETE			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

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. CITY-ST-ZIP

SIGNATURE: