

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

FILED
May 24 1996 8:00 am
Secretary of State

DOCUMENT # **V35600 (8)**

1. Corporation Name
VALDES ASSOCIATES, INC.



Principal Place of Business: **200 E LAS OLAS BLVD FORT LAUDERDALE FL 33301**
Mailing Address: **200 E LAS OLAS BLVD FORT LAUDERDALE FL 33301**

3. Date Incorporated or Qualified: **05/06/1992** 3a. Date of Last Report: **09/29/1995**
4. FEI Number: **65-0412271** 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
**JERLINSKI, MICHAEL
18140 NW 18 ST
PEMBROKE PINES FL 33029**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 the applicable date. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	V	<input type="checkbox"/>
NAME	VALDES, PEDRO E	
STREET ADDRESS	8420 SW 81 LANE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	P	<input type="checkbox"/>
NAME	JERLINSKI, MICHAEL	
STREET ADDRESS	18140 NW 18 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	ST	<input type="checkbox"/>
NAME	JERLINSKI, ANA	
STREET ADDRESS	18140 NW 18 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
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
1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2. NAME			
3. STREET ADDRESS			
4. CITY-ST-ZIP			
5. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6. NAME			
7. STREET ADDRESS			
8. CITY-ST-ZIP			
9. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
10. NAME			
11. STREET ADDRESS			
12. CITY-ST-ZIP			
13. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
14. NAME			
15. STREET ADDRESS			
16. CITY-ST-ZIP			
17. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
18. NAME			
19. STREET ADDRESS			
20. 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)(k), 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 registered 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, on this attachment with an address.

SIGNATURE: *[Signature]* **Michael Jerlinski** 5-20-96 854-435-7230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)