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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # V42725

1. Corporation Name
VALERIE OF HOLLYWOOD, INC.

Principal Place of Business	Mailing Address
200 NW 6TH AVE HALLANDALE FL 33009	200 NW 6TH AVE HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1992

4. FEI Number: 65-0343223 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

~~WEIR, ANGELINE C~~
~~2450 HOLLYWOOD BLVD~~
~~STE 300~~
~~HOLLYWOOD FL 33020~~

10. Name and Address of New Registered Agent

81 Name: MICHAEL A. VALVANO. JR.
82 Street Address (P.O. Box Number is Not Acceptable): 9660 N.W. 25 ST.
83
84 City: SUNRISE, FL 33322
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: X Michael Valvano JR (Mike Valvano, dr) 1-26-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~ PD	☒ DELETE	1.1 TITLE	VALVANO. JR.	☐ Change ☒ Addition
NAME	~~VALVANO, MICHAEL A.~~ MICHAEL A		1.2 NAME		
STREET ADDRESS	~~4911 SW 111TH LN~~ 9660 N.W. 25 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	~~DAVIE FL~~ SUNRISE, FL 33322		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VALVANO, ANTHONY — DELETE		2.2 NAME		
STREET ADDRESS	10850 S.W. 15 PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33324		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VALVANO, LILLIAN		3.2 NAME		
STREET ADDRESS	10850 S.W. 15 PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33324		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME			4.2 NAME	VALVANO, JANILLE	
STREET ADDRESS			4.3 STREET ADDRESS	2931 SW 87 TERR #1915	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	DAVIE, FL 33328	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: X SIGNATURE REQUIRED 1-26-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #