


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

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Apr 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # V63209 (3)</b> 1. Corporation Name <b>VALLINA FASTENER EXPORT, INC.</b>					
Principal Place of Business <b>7381 SW 109 PATH MIAMI FL 33173 US</b>		Mailing Address <b>7381 SW 109 PATH MIAMI FL 33173 US</b>			
2. Principal Place of Business 21 <b>7381 sw 109 path</b> Suite, Apt. #, etc. 22 City & State 23 <b>miami, fl 33173</b> Zip 24 <b>dade</b>		2a. Mailing Address 26 <b>7381 s.w. 109 path</b> Suite, Apt. #, etc. 27 City & State 28 <b>miami, fl 33173</b> Zip 29 <b>33173</b> Country 30 <b>dade</b>		3. Date Incorporated or Qualified <b>09/09/1992</b> 3a. Date of Last Report <b>04/02/1996</b> 4. FEI Number <b>65-0403605</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>BLANCO, MONICA 7381 SW 109 PATH MIAMI FL 33173-2766</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE				
NAME	<b>BLANCO, MONICA</b>				
STREET ADDRESS	<b>7381 SW 109 PATH</b>				
CITY-ST-ZIP	<b>MIAMI FL</b>				
TITLE	D <input type="checkbox"/> DELETE				
NAME	<b>BLANCO, JESUS</b>				
STREET ADDRESS	<b>7381 SW 109 PATH</b>				
CITY-ST-ZIP	<b>MIAMI FL</b>				
TITLE	D <input type="checkbox"/> DELETE				
NAME	<b>BAKER, GEORGE</b>				
STREET ADDRESS	<b>7381 SW 109 PATH</b>				
CITY-ST-ZIP	<b>MIAMI FL</b>				
TITLE	SECD <input type="checkbox"/> DELETE				
NAME	<b>EDUARDO BLANCO</b>				
STREET ADDRESS	<b>7381 S W 109 PATH</b>				
CITY-ST-ZIP	<b>MIAMI FL</b>				
TITLE	SECD <input type="checkbox"/> DELETE				
NAME	<b>ALESSADRA NOVOA</b>				
STREET ADDRESS	<b>9936 S W 223 TERR</b>				
CITY-ST-ZIP	<b>MIAMI FL</b>				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do 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.					
SIGNATURE: <b>MONICA BLANCO</b> <b>MONICA M BAKER</b> <b>3/21/97</b> <b>305-2787103</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)