Jun 07, 1999 8:00 am Secretary of State

06-07-1999 90017 023 ***550.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State ---DIVISION OF CORPORATIONS

DOCUMENT # **V70759**

1. Corporation Name

CORALVALLE CORPORATION

Principal Place	of Business	Mailing Address			1 1884 distri teen eent iebet einte ten eren eren eren eren eren eren er		
601 BRICKELL KEY DR		601 BRICKELL KEY DR					
SUITE 805		SUITE 805 MIAMI FL 33131		DO NOT MOTE IN THIS	CDACE		
MIAMI FL 33131				DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed		
6 Daineinel Di	and of Business	2a, Mailing Address			10/13/1992 4. FEI Number		Applied For
2. Principal Place of Business) +-	Not Applicable	
21		Suite, Apt. #, etc.		65-0403504 Not Applicabl			
Suite, Apt. #, etc.				5. Certifcate of Status Desired	T	Required	
Cib. 8 State		City & State				<u>~</u>	
City & State		<u> </u>		6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip Country		Zip Country		This corporation owes the current year Int		24.01.000	
⊢ `	25	(Personal Property Tax.	☐ Yes	□No
24	9. Name and Address of Current		JU		10. Name and Address of New Registered		
5. Haille and Address of Current Negistered Agent				Name			
ALLE	N & GALEGO						
	BRICKELL KEY DRIVE	82 Street Ad		Street A	ddress (P.O. Box Number is Not Acceptable)		
١ .	E 805		83	-			
	AI FL 33131						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		///	84	City	FL	85 Z	ip Code
		1500 FILLIA CALLA				changing	ite registered
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 Standards, broad or original name of registered agent and title if applicable (NOTE; Registered Agent signature required when reinstating) DATE							
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered agent	······································	13.	nt signature re	ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	TORS IN 12
12.	PSD	DELETE	1.1 TITLE	T	ADDITIONO/OF/AROED TO OFF TOERS AT	Chang	
NAME	RUIZ, BAUDILIO		1.2 NAME				•
	601 BRICKELL KEY DR., ST. 805	•		r ADDRESS			
STREET ADDRESS		,	1.4 CITY-S				
CITY-ST-ZIP TITLE	MIAMI FL 33131 D	☐ DELETE	2.1 TITLE	1-ZIP		Chang	ge Addition
[* .	() 000010	2.2 NAME	į			
NAME	DOMINQUEZ, JUAN						
STREET ADDRESS	601 BRICKELL DR STE 805		2.3 STREE				
CITY-ST-ZIP	MIAMI FL 33131	□ DELETE	2. 4 CITY-S	T-ZIP		Chang	ge Addition
TITLE	D	☐ DELETE	3.1 TITLE	1	•	C Chang	ge 🗀 Addition
NAME	PIMENTAL, GUILLERMO		3.2 NAME	ļ			
STREET ADDRESS	601 BRICKELL KEY DR STE 805			TADDRESS			
CITY-ST-ZIP	MIAMI FL 33131	□ BELETE	3.4. CITY-5	T-ZIP		Chang	ge Addition
TITLE	S	☐ DELETE	4.1 TITLE			∐ Criani	Je 🗆 Addition
NAME	ALLEN, ROBERT N JR		4. 2 NAME	İ			
STREET ADDRESS	601 BRICKELL KEY DR., ST.805		4 3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI FL 33131		4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE	1		Chan	ge 🗌 Addition
NAME			5.2 NAME				
STREET ADDRESS			4	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Chan	ge
NAME			62 NAME	İ			

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 apmual 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 repetiver 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 a relitachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR