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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V73956** **(7)**

1. Corporation Name
FLAMERS OF VALENCIA, INC.

Principal Place of Business	Mailing Address
~~8701 PERIMETER PARK BLVD~~ ~~STE 201~~ ~~JACKSONVILLE FL 32216~~	~~8761 PERIMETER PARK BLVD~~ ~~STE 201~~ ~~JACKSONVILLE FL 32216-6398~~

3. Date Incorporated or Qualified: **10/21/1992**
3a. Date of Last Report: **02/22/1996**

2. Principal Place of Business	2a. Mailing Address
21 500 SOUTH 3rd ST.	26 500 SOUTH 3rd ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: JKSV BEACH FL	28 City & State: JKSV BEACH FL
24 Zip: 32250 25 Country: US	29 Zip: 32250 30 Country: US

4. FEI Number: **59-3156010** ☐ 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

9. Name and Address of Current Registered Agent

DARABI, FARZIN
~~8761 PERIMETER PARK BLVD~~
~~STE 201~~
~~JACKSONVILLE FL 32216~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Not Acceptable): 500 SOUTH 3rd STREET
83
84 City: JKSV BEACH FL 85 Zip Code: 32250

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: _____ (If applicable) (Both Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DARABI, FARZIN		1.2 NAME	
STREET ADDRESS	159 ELEVENTH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BCH FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DARABI, FRANK		2.2 NAME	
STREET ADDRESS	5519 NW 91ST BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PARTOW, RAMIN		3.2 NAME	
STREET ADDRESS	335 ELEVENTH ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BCH FL		3.4 CITY-ST-ZIP	
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			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 (9/96)

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: Farzin Darabi 2/12/97 904-241-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000317