

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 PM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **722107** (0)
1. Corporation Name
VENICE ISLE INC.

Principal Place of Business Mailing Address
3536 NE 168 ST., APT. 202 **3536 NE 168 ST.**
NORTH MIAMI BEACH FL 33160 **NORTH MIAMI BEACH FL 33160**
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/16/1971** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1476675** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
LOPEZ, WILLIAM
3536 NE 168 ST.
APT. 306
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent
81 Name **HOWARD FEIN**
82 Street Address (P.O. Box Number is Not Acceptable) **3536 NE 168 ST**
83 **APT 403**
84 City **N. MIAMI BEACH** FL 85 Zip Code **33160**

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 *Howard Fein* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOPEZ, WILLIAM
STREET ADDRESS	3536 NE 168 ST., #306
CITY-ST-ZIP	N. MIAMI BCH FL
TITLE	D
NAME	LENART, TOM
STREET ADDRESS	3536 NE 168 ST., #507
CITY-ST-ZIP	NORTH MIAMI BCH FL
TITLE	T
NAME	HEBERT, LUCIE
STREET ADDRESS	3536 NE 168 ST., #305
CITY-ST-ZIP	NORTH MIAMI BCH FL
TITLE	S
NAME	LANGLOIS, ANDREE
STREET ADDRESS	3536 NE 168 ST. #301
CITY-ST-ZIP	NO MIAMI BCH FL
TITLE	D
NAME	ARCHAMBAULT, JACQUES
STREET ADDRESS	3536 NE 168 STREET #303
CITY-ST-ZIP	NORTH MIAMI BCH FL
TITLE	VP
NAME	BRITOS, ALBERTO
STREET ADDRESS	3536 NE 168 ST., #407
CITY-ST-ZIP	NO MIAMI BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Howard Fein	
1.3 STREET ADDRESS	3536 NE 168 ST #403	
1.4 CITY-ST-ZIP	N. MIAMI BCH, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CLAUDE SAVOIE	
2.3 STREET ADDRESS	3536 NE 168 ST, Apt 506	
2.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL	
3.1 TITLE	VE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BRITOS SYLVIA	
3.3 STREET ADDRESS	3536 NE 168 ST # 407	
3.4 CITY-ST-ZIP	N. MIAMI BEACH, FL	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ALFREDO LEWIS	
4.3 STREET ADDRESS	3536 NE 168 ST, Apt 502	
4.4 CITY-ST-ZIP	N. MIAMI BEACH, FL	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARGUERITE CHICOINE	
5.3 STREET ADDRESS	3536 NE 168 ST, Apt 304	
5.4 CITY-ST-ZIP	N. MIAMI BEACH, FL	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Howard Fein* Date **8/2 1992**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR