

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 722107 (0)

1. Corporation Name  
VENICE ISLE INC.



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

3. Date Incorporated or Qualified: 11/16/1971  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1476675	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

FEIN, HOWARD  
3536 NE 168 ST  
APT. 403  
N MIAMI BEACH FL 33160

B1 Name: LOPEZ RAUL  
B2 Street Address (P.O. Box Number is Not Acceptable): 3536 NE 168 ST  
B3 APT 301  
B4 City: N. MIAMI BEACH FL B5 Zip Code: 33160

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE: *Raul Lopez* DATE: 4/25/96  
Signature and typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PS	NAME: FEIN, HOWARD	1.1 TITLE: D	FEIN, HOWARD
STREET ADDRESS: 3536 NE 168 ST., #403	CITY-ST-ZIP: N. MIAMI BCH. FL	1.2 NAME: FEIN, HOWARD	1.3 STREET ADDRESS: 3536 NE 168 ST, #403
		1.4 CITY-ST-ZIP: N. MIAMI BEACH, FL	
TITLE: D	NAME: LENART, TOM	2.1 TITLE: VP	LENART, TOM
STREET ADDRESS: 3536 NE 168 ST., #507	CITY-ST-ZIP: NORTH MIAMI BCH FL	2.2 NAME: LENART, TOM	2.3 STREET ADDRESS: 3536 NE 168 ST, #507
		2.4 CITY-ST-ZIP: N. MIAMI BEACH, FL	
TITLE: VP	NAME: BRITOS, SYLVIA	3.1 TITLE: S	BRITOS, SYLVIA
STREET ADDRESS: 3536 NE 168 ST., #407	CITY-ST-ZIP: NORTH MIAMI BCH FL	3.2 NAME: BRITOS, SYLVIA	3.3 STREET ADDRESS: 3536 NE 168 ST, #407
		3.4 CITY-ST-ZIP: N. MIAMI BEACH, FL	
TITLE: T	NAME: LEWIS, ALFREDO	4.1 TITLE: T	PLANTE, LEON
STREET ADDRESS: 3536 NE 168 ST., APT. 502	CITY-ST-ZIP: NO MIAMI BCH FL	4.2 NAME: PLANTE, LEON	4.3 STREET ADDRESS: 3536 NE 168 ST, #207
		4.4 CITY-ST-ZIP: N. MIAMI BEACH, FL	
TITLE: D	NAME: CHICOINE, MARGUERITE	5.1 TITLE:	
STREET ADDRESS: 3536 NE 168 ST., APT. 304	CITY-ST-ZIP: NORTH MIAMI BCH FL	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: VP	NAME: BRITOS, ALBERTO	6.1 TITLE: D	LOPEZ, WILLIAM
STREET ADDRESS: 3536 NE 168 ST., #407	CITY-ST-ZIP: NO MIAMI BCH FL	6.2 NAME: LOPEZ, WILLIAM	6.3 STREET ADDRESS: 3536 NE 168 ST, #306
		6.4 CITY-ST-ZIP: N. MIAMI BEACH, FL 33160	

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 119.07(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: *Raul Lopez* DATE: 3/8/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)