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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33180-3591 US
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3. Date Incorporated or Qualified 11/16/1971	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1476675	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent
RAOUL, LOPEZ
3536 NE 168 ST
APT. 301
N MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent
81 Name JEEN FEDELICH
82 Street Address (P.O. Box Number is Not Acceptable)
83 3536 NE 168 ST, Apt 501
84 City N. MIAMI BEACH FL 85 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 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 617.0503, Florida Statutes.
SIGNATURE: *Jeen Fedelich* - JEEN FEDELICH - President DATE: 04/25/1997

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FEIN, HOWARD	
STREET ADDRESS	3536 NE 168 ST., #403	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LENART, TOM	
STREET ADDRESS	3536 NE 168 ST., #507	
CITY-ST-ZIP	NORTH MIAMI BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRITOS, SYLVIA	
STREET ADDRESS	3536 NE 168 ST., #407	
CITY-ST-ZIP	NORTH MIAMI BCH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PLNATE, LEON	
STREET ADDRESS	3536 NE 168 #207	
CITY-ST-ZIP	NO MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHICOINE, MARGUERITE	
STREET ADDRESS	3536 NE 168 ST., APT. 304	
CITY-ST-ZIP	NORTH MIAMI BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, WILLIAM	
STREET ADDRESS	3536 NE 168 STREET #306	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BRITOS ALBERTO	
1.3 STREET ADDRESS	3536 NE 168 ST, # 407	
1.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33160	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MANUEL TORRES	
2.3 STREET ADDRESS	3536 NE 168 ST, # 503	
2.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33160	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CLAUDE SAVOIE	
3.3 STREET ADDRESS	3536 NE 168 ST, # 506	
3.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33160	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas D. Lenart* 04/25/1997 (305) 949-3396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)