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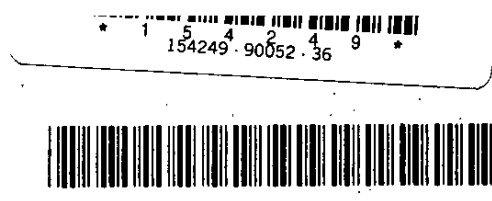
NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **722107**
 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



21	2. Principal Place of Business	2a	Mailing Address	3.	Date incorporated or Qualified	11/16/1971
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	FEI Number	59-1476675
23	City & State	28	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
FEDELICH, JEEN 3536 NE 168 ST APT 501 N MIAMI BEACH FL 33160				81	Name	LAURA LANZA			
				82	Street Address (P.O. Box Number is Not Acceptable)	3536 NE 168 ST # 403			
				83					
				84	City	NORTH MIAMI BEACH	85	Zip Code	FL 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: LAURA LANZA *Laura Lanza* DATE: 2-11-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEDELICH, JEEN	1.2 NAME	LAURA LANZA
STREET ADDRESS	3536 NE 168 STREET, #204	1.3 STREET ADDRESS	3536 NE 168 ST # 403
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	N MIAMI BEACH
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENART, TOM	2.2 NAME	ALBERTO ROSSY
STREET ADDRESS	3536 NE 168 ST., #507	2.3 STREET ADDRESS	3536 NE 168 ST # 406
CITY-ST-ZIP	NORTH MIAMI BCH FL	2.4 CITY-ST-ZIP	N MIAMI BEACH
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Trustee <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTO, BRITOS	3.2 NAME	SILVIA BRITOS
STREET ADDRESS	3536 NE 168 ST., #407	3.3 STREET ADDRESS	3536 NE 168 ST # 407
CITY-ST-ZIP	NORTH MIAMI BCH FL	3.4 CITY-ST-ZIP	N MIAMI BEACH
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, MANUEL	4.2 NAME	Lucy Hebert
STREET ADDRESS	3536 NE 168 ST, 503	4.3 STREET ADDRESS	3536 NE 168 ST # 305
CITY-ST-ZIP	NO MIAMI BCH FL	4.4 CITY-ST-ZIP	NORTH MIAMI BEACH
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHICOINE, MARGUERITE	5.2 NAME	MARGUERITE CHICORIANE
STREET ADDRESS	3536 NE 168 ST., APT. 304	5.3 STREET ADDRESS	7586 NE P68 # 304
CITY-ST-ZIP	NORTH MIAMI BCH FL	5.4 CITY-ST-ZIP	NORTH MIAMI BEACH
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVOIE, CLAUDE	6.2 NAME	MIREILLE ST PIERRE
STREET ADDRESS	3536 NE 168 ST, 506	6.3 STREET ADDRESS	3536 NE 168 # 201
CITY-ST-ZIP	NORTH MIAMI BEACH FL	6.4 CITY-ST-ZIP	NORTH MIAMI BEACH

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 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, with all other like empowered.

SIGNATURE: Laura Lanza SIGNATURE REQUIRED DATE: 2-11-99 DAYTIME PHONE #: 3059400351

CR2E037 (1/98)