~ 2nd and File on or before Sept. 29, 1999 or Limited Liability Company **FINAL NOTICE:** will be dissolved. FLORIDA DEPARTMENT OF FILED DEC 16 AM 9: 36 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee **FILING FEE** Make Check Payable To: FLORIDA DEPARTMENT OF STATE SEGRETARY OF STATE \$ 588.75 Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000547 1a. Principal Place of Business Address VENEFLO, L.C. 15011 S.W. 43RD TERRACE 15011 S.W. 43RD TERRACE MIAMI FL 33185 MIAMI FL 33185 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 07/19/1995 4. FEI Number FL Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0689478 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country Zip \$8.75 Additional Fee Required 07/07/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name 00 OTTOLINO, GIUSEPPE Street Address (P.O. Box Number is Not Acceptable) 15011 S.W. 43RD TERRACE MIAMI FL 33185 Suite, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the poligations. SIGNATURE ered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** OTTOLINO, GIUSEPPE 15011 S.W. 43RD TERRACE MIAMI FL MEM OTTOLINO, YADIRA 15011 S.W. 43RD TERRACE MIAMI FL STATEMEN

1. Ido 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

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attachment with an address.

SIGNATURE: