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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:50

DOCUMENT # P93000083434 (9)

1. Corporation Name
VENZER & ASSOCIATES, P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 501 BRICKELL KEY DR.<br>MIAMI FL 33131 | 501 BRICKELL KEY DR.<br>MIAMI FL 33131 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/29/1993
3a. Date of Last Report: 06/10/1994

2. Principal Place of Business
21 7465 S.W. 50 CT
Suite, Apt. #, etc. 22
City & State 23 MIAMI, FLORIDA
Zip 24 33143 Country 25 DADE

2a. Mailing Address
26 7465 S.W. 50 CT
Suite, Apt. #, etc. 27
City & State 28 MIAMI, FLORIDA
Zip 29 33143 Country 30 DADE

4. FEI Number: 65-0449568 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VENZER, ELLEN S
501 BRICKELL KEY DR.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: VENZER, ELLEN S.
82 Street Address (P.O. Box Number is Not Acceptable): 7465 S.W. 50 CT
83
84 City: MIAMI, FLORIDA FL 85 Zip Code: 33143

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 _____ DATE
Signature, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>VENZER, ELLEN S<br>501 BRICKELL KEY DR<br>MIAMI FL | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☑ Change ☐ Addition<br>P<br>VENZER, ELLEN S.<br>7465 SW 50 CT<br>MIAMI, FLORIDA 33143 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added in an attachment with an address.

SIGNATURE: X [signature] 1-24-95 (305) 661-0033
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0120040 CP