

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000056788 (0)

1. Corporation Name
THE B & F VENTURA CORPORATION



Principal Place of Business: 5519 DELANO LN ORLANDO FL 32821
Mailing Address: 5519 DELANO LN ORLANDO FL 32821-7636

3. Date Incorporated or Qualified: 08/01/1994
3a. Date of Last Report: 04/19/1996

21	2. Principal Place of Business 11328 CLAPP-SIMMS DUDA RD Suite, Apt. #, etc.	22	2a. Mailing Address 11328 CLAPP-SIMMS DUDA RD Suite, Apt. #, etc.	23	City & State Orlando Florida	24	Zip 32832	25	Country ORANGE	26	27	28	29	30	3. FEI Number 50-3257991	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent DE OLIVEIRA VENTURA, FLAVIO V 11328 CLAPP-SIMMS DUDA ROAD ORLANDO FL 32832-6637										10. Name and Address of New Registered Agent 81 Name: ELISABETH KERA TABAKOV VENTURA 82 Street Address (P.O. Box Number is Not Acceptable): 11328 CLAPP-SIMMS DUDA ROAD 83 84 City: Orlando FL 85 Zip Code: 32832									
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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: *Oliverio* DATE: 01-17-1997
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	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DE OLIVEIRA VENTURA, FLAVIO V			1.2 NAME	ELISABETH KERA TABAKOV VENTURA		
STREET ADDRESS	5519 DELANO LN			1.3 STREET ADDRESS	11328 CLAPP-SIMMS DUDA ROAD		
CITY-ST-ZIP	ORLANDO FL 32821			1.4 CITY-ST-ZIP	ORLANDO FLA 32832		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	D. RUI TABAKOV SENA REBOUCAS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				2.2 NAME	11328 CLAPP-SIMMS DUDA ROAD		
STREET ADDRESS				2.3 STREET ADDRESS	ORLANDO FLA 32832		
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	D. SANDRA TABAKOV SENA REBOUCAS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	11328 CLAPP-SIMMS DUDA ROAD		
STREET ADDRESS				3.3 STREET ADDRESS	ORLANDO FLA 32832		
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Oliverio* DATE: 01-17-97 DAYTIME PHONE: 407-273-7678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)