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

**CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1. Corporation Name P95000008286 (3)

**VENCHI & CARS CORPORATION** 

## **FILED** Feb 03 1998 8:00am Secretary of State

1									
Principal Plac	e of Business	Mailing Address					AIAI ERIID IIAEI	(0)   Bala (00)	
780 NW LE JEUNE ROAD		780 NW LE JEUNE ROAD							
MIAMI FL 331		MIAMI FL 33126							
						DO NOT WRITE IN THI	3 SPACE		
						3. Date Incorporated or Qualified			1
2. Principal P	lace of Business	2a. Mailing Address				01/26/1995 4. FEI Number Applied For			
21	1434 5. 1545.17555	26				65-0552986	<b>⊢</b> +	Not Applicable	-
Sulte, Apt.	#, etc	Suite, Apt. #, etc.				-		Additional	7
22		27				5, Certificate of Status Desired Fee Required			
City & Stat	6	City & State			· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.0	0 May Be	7
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	<del>}</del>			8. This corporation owes or has paid the o			
24	25	29	30			Personal Property Tax due June 30.	Yes Yes	∐ No	4
	g. Name and Address of Current	Hegistered Agent		81	Name	10. Name and Address of New Registere	J Agent	<del></del>	-
	ZAR, PATRICIA				INGITIE				
	NW LE JEUNE ROAD			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
MU	AMI FL 33126			83					$\dashv$
									_
				84	City	F	85 Zi	p Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the at	oove	-named cor	moration submits this statement for the nurnose	of changing	its registered	$\dashv$
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida, Such change was a tions of, Section 607, <b>0505</b> , Flo	authorizeo orida Stat	d by utes	the corpora	ation's board of directors. I hereby accept the ap	pointment a	as registered	
SIGNATURE	Signature, typed or printed name of registered again	I DON) sidesigned is all beau	F Benislatu	n Aner	d signature renu	uired when reinstating) DATE			
12.	OFFICERS AND					ADDITIONS/CHANGES TO OFFICERS A	ID DIRECTO	ORS IN 12	9
TITLE	D	☐ DELETE	DELETE 1.1 T				Change		7
NAME	NAZAR, PATRICIA		1.2 NA	NAME					12
STREET ADDRESS	780 NW LE JEUNE ROAD	1.3 \$		3 STREET ADDRESS					POE024
CITY-ST-ZIP			1,4 CI	TY-ST	- ZIP				]8
THLE			2.1 70	2.1 TITLE			Change	Addition	
NAME	NAZAR, JUAN C		2.2 NA						
STREET ADDRESS	780 NW LE JEUNE ROAD		2.3 ST	2.3 STREET ADDRESS					1
CITY-ST-ZIP	MIAMI FL 33126	Decemen	2 4 CITY		I - ZIP		F7 3.	1100	4
TITLE		☐ DELETE	• •		j		L_ Change	Addition	
NAME			3.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4 Ct 4.1 Tr	-	- Z(P		Change	Addition	$\dashv$
NAME		precie	4. 2 N		ł		CT Ostanige		
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.3 SI 4.4 CI		ſ				1
TITLE		☐ DELETE	5.1 Til		- 211		Change	Addition	┨
NAME		_	5.2 NA	ME	•				1
STREET ADDRESS					DDRESS				
CITY-ST-ZIP			5.4 CH						
TITLE		☐ DELETE	6.1 TH				Change	☐ Addition	1
NAME	1/		6.2 NA	ME	ļ				
STREET ADDRESS	\\		6.3 ST	REET A	DDRESS				
CITY-ST-ZIP	IM/AB		6.4 CIT						
14. I hereby of indicated	certify that the intomation shorted wit on this annual reportion supplemental	h this filing does not qualify fo annual report is true and acc	or the exe urate and	mpti I thai	on stated in I my signati	n Section 119.07(3)(i), Florida Statutes. I further our ure shall have the same legal effect as if made u	ertify that th	ne information hat I am an	

the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my/name appears in all although the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my/name appears in all although the receiver of the receiver o 200 JUUU-14/20