Mailing Address

780 NW LE JEUNE ROAD

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P95000008286**

Principal Place of Business 780 NW LE JEUNE ROAD

VENCHI & CARS CORPORATION

MIAMI FL 33126 MIAMI FL 33126 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 01/26/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0552986 Not Applicable 21 26 Suite, Apt. #, etc. Suite Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation owes the current year Intangible Ares Personal Property Tax. □No 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NAZAR, PATRICIA 82 Street Address (P.O. Box Number is Not Acceptable) 780-NW-LE-JEUNE ROAD MIAMI FL 33726 83 84 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Addition TIRE 1.1 TITLE NAME NAZAR, PATRICIA 1.2 NAME 780 NW LE JEUNE ROAD STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33126 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE ☐ Change TITLE 2.1 TITLE NAME NAZAR. JUAN C 2.2 NAME 780 NW LE JEUNE ROAD 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition

3.1 TITLE 3.2 NAME

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5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

62 NAME 6.3 STREET ADDRESS

3.3 STREET ADDRESS 3.4. CITY ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP 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 supplied that 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 comporation of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if cha techment with an address, with all other like empowered

TITLE

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Secretary of State

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