

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 21 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S51928** (7)

1. Corporation Name  
**VENEX SALES, INC.**

Principal Place of Business  
**VENEX SALES, INC.**  
~~RASSNER, RASSNER, KRAMER & GOLD, P.A.~~  
7000 SW 62ND AVE., PENTHOUSE B  
MIAMI FL 33143

Mailing Address  
**BRITAN + KRAMER, P.A.**  
~~RASSNER, RASSNER, KRAMER & GOLD, P.A.~~  
7000 SW 62ND AVE., PENTHOUSE B  
MIAMI FL 33143

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/13/1991** 3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business  
21 **4665 FOUNTAIN DR. S** 2a. Mailing Address  
26 **7700 SW 88 ST**

Suite, Apt. #, etc.  
22 Suite, Apt. #, etc.  
27 **803**

City & State  
23 **LAKE WORTH, FL.** 2b. City & State  
28 **MIAMI, FLORIDA**

Zip Country Zip Country  
24 **33346** 25 **USA** 29 **33156** 30 **USA**

4. FEI Number: **65-0278750** 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. 109.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**KRAMER, JEFFREY S.**  
**7000 S.W. 62ND AVENUE**  
**SUITE 500**  
**SOUTH MIAMI FL 33143**

10. Name and Address of New Registered Agent  
01 Name: **KRAMER, JEFFREY S.**  
02 Street Address (P.O. Box Number is Not Acceptable): **BRITAN + KRAMER, P.A.**  
03 **7700 S.W. 88 ST - STE 803**  
04 City: **MIAMI** FL 05 Zip Code: **33156**

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	
TITLE	<b>PVD</b>
NAME	<b>GREENBLATT, ROY</b>
STREET ADDRESS	<b>4685 FOUNTAIN DRIVE S.</b>
CITY- ST- ZIP	<b>LAKE WORTH FL</b>
TITLE	<b>STD</b>
NAME	<b>HECHT, VICTOR</b>
STREET ADDRESS	<b>ANDOVER 287 BLDG. L</b>
CITY- ST- ZIP	<b>WEST PALM BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/94 516-829-4600  
Date Daytime Phone #