

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S87370 (0)**
1. Corporation Name
VENTAL, INC.



Principal Place of Business: **5805 BLUE LAGOON DR SUITE 175 MIAMI FL 33126**
Mailing Address: **5805 BLUE LAGOON DR SUITE 175 MIAMI FL 33126**

3. Date Incorporated or Qualified: **10/15/1991**
3a. Date of Last Report: **01/19/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **65-0308594**
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
**HILDAGO, ELOISA S.
5805 BLUE LAGOON DR
SUITE 175
MIAMI FL 33126**

10. Name and Address of New Registered Agent
81 Name: **JAMES D. MCCRARY**
82 Street Address (P.O. Box Number is Not Acceptable): **5805 BLUE LAGOON DRIVE**
83 City: **SUITE 175**
84 City: **MIAMI** FL 85 Zip Code: **33126**

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]* **JULY 12, 1996**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRARY, JAMES D.	1.2 NAME	SAME
STREET ADDRESS	CALLE CARDON APT PB	1.3 STREET ADDRESS	EDIFICIO CARDON, CALLE CARDON, APT. PB.
CITY-ST-ZIP	ZULIA, VENEZUELA	1.4 CITY-ST-ZIP	CIUDAD OJEDA, ZULIA, VENEZUELA
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILDAGO, ELOISA S.	2.2 NAME	JAMES D. MCCRARY
STREET ADDRESS	2512 SW 113 CT	2.3 STREET ADDRESS	EDIFICIO CARDON, CALLE CARDON, APT. PB,
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	CIUDAD OJEDA, ZULIA, VENEZUELA.
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIURIOLO, PIERLUIGI	3.2 NAME	SAME
STREET ADDRESS	CALLE VARGAS 174	3.3 STREET ADDRESS	SAME
CITY-ST-ZIP	ZULIA, VENEZUELA	3.4 CITY-ST-ZIP	CIUDAD OJEDA, ZULIA, VENEZUELA
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUSARO, MIRCO I	4.2 NAME	SAME
STREET ADDRESS	CALLE VARGAS 160	4.3 STREET ADDRESS	SAME
CITY-ST-ZIP	ZULIA, VENEZUELA	4.4 CITY-ST-ZIP	CIUDAD OJEDA, ZULIA, VENEZUELA
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIOVAN, CONSTANTINO	5.2 NAME	
STREET ADDRESS	VIA MANZONI 2	5.3 STREET ADDRESS	
CITY-ST-ZIP	PADOVA, ITALY	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	

1.1 TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME
1.3 STREET ADDRESS	EDIFICIO CARDON, CALLE CARDON, APT. PB.
1.4 CITY-ST-ZIP	CIUDAD OJEDA, ZULIA, VENEZUELA
2.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JAMES D. MCCRARY
2.3 STREET ADDRESS	EDIFICIO CARDON, CALLE CARDON, APT. PB,
2.4 CITY-ST-ZIP	CIUDAD OJEDA, ZULIA, VENEZUELA.
3.1 TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME
3.3 STREET ADDRESS	SAME
3.4 CITY-ST-ZIP	CIUDAD OJEDA, ZULIA, VENEZUELA
4.1 TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME
4.3 STREET ADDRESS	SAME
4.4 CITY-ST-ZIP	CIUDAD OJEDA, ZULIA, VENEZUELA
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **JULY 12, 1996 (305) 261-9249**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
JAMES D. MCCRARY PRESIDENT

CR2E034 (3/96)