

**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] DATE: JULY 12, 1996

| 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                                       |   |

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

CR2E034 (3/96)