

8-1-97 B-8138 MC

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S87370 (0)**

1. Corporation Name  
**VENTAL, INC.**



Principal Place of Business <b>5805 BLUE LAGOON DR SUITE 175 MIAMI FL 33126</b>	Mailing Address <b>5805 BLUE LAGOON DR SUITE 175 MIAMI FL 33126</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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3. Date Incorporated or Qualified <b>10/15/1991</b>	3a. Date of Last Report <b>07/30/1996</b>
4. FEI Number <b>65-0308594</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCCRARY, JAMES D.  
5805 BLUE LAGOON DRIVE  
SUITE 175  
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>MCCRARY, JAMES D.</b>
STREET ADDRESS	<b>CALLE CARDON APT PB</b>
CITY-ST-ZIP	<b>ZULIA, VENEZUELA</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>MCCRARY, JAMES</b>
STREET ADDRESS	<b>EDIFICIO CARDON, CALLE CARDON APT PB</b>
CITY-ST-ZIP	<b>CIUDAD OJEDA ZU</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GIURILO, PIERLUIGI</b>
STREET ADDRESS	<b>CALLE VARGAS 174</b>
CITY-ST-ZIP	<b>CIUDAD OJEDA ZU</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FUSARO, MIRCO I</b>
STREET ADDRESS	<b>CALLE VARGAS 160</b>
CITY-ST-ZIP	<b>CIUDAD OVEDA ZU</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PIOVAN, CONSTANTINO</b>
STREET ADDRESS	<b>VIA MANZONI 2</b>
CITY-ST-ZIP	<b>PADOVA, ITALY</b>
TITLE	<input type="checkbox"/> DELETE
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 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED July 21 1997 (305) 262-9700

CR2E034 (4/97)