

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 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
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3. Date Incorporated or Qualified 10/15/1991	3a. Date of Last Report 07/30/1996
4. FEI Number 65-0308594	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	P <input type="checkbox"/> DELETE
NAME	MCCRARY, JAMES D.
STREET ADDRESS	CALLE CARDON APT PB
CITY-ST-ZIP	ZULIA, VENEZUELA
TITLE	ST <input type="checkbox"/> DELETE
NAME	MCCRARY, JAMES
STREET ADDRESS	EDIFICIO CARDON, CALLE CARDON APT PB
CITY-ST-ZIP	CIUDAD OJEDA ZU
TITLE	D <input type="checkbox"/> DELETE
NAME	GIURILO, PIERLUIGI
STREET ADDRESS	CALLE VARGAS 174
CITY-ST-ZIP	CIUDAD OJEDA ZU
TITLE	D <input type="checkbox"/> DELETE
NAME	FUSARO, MIRCO I
STREET ADDRESS	CALLE VARGAS 160
CITY-ST-ZIP	CIUDAD OVEDA ZU
TITLE	D <input type="checkbox"/> DELETE
NAME	PIOVAN, CONSTANTINO
STREET ADDRESS	VIA MANZONI 2
CITY-ST-ZIP	PADOVA, ITALY
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)