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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # \$87370

VENTAL, INC.

## **FILED** Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90001 033 \*\*\*158.75



Principal Place		8 4 - 10 - + A didagono					
	of Business	Mailing Address					
5805 BLUE LAGO	DON DR	5805 BLUE LAGOON DR			•		
SUITE 175 MIAMI FL 33126		SUITE 175 MIAMI FL 33126		DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE		
		MIXMI FC 35120			3. Date Incorporated or Qualifed		
					10/15/1991		
	- of Business	2a. Mailing Address			4. FEI Number	A	pplied For
2. Principal Pla	ace of Business	26			65-0308594	N	lot Applicable
21	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.				\$8.75	Additional
Suite, Apt. #	` _	= 27 ===== - == - == -	_ ~	~	5. Certifcate of Status Desired	Fee F	Required
22		City & State			6. Election Campaign Financing	<sup></sup> \$5.00	May Be
City & State	•	28			Trust Fund Contribution	- Added	to Fees
23	Country	Zip	Country	у —	8. This corporation owes the current year	ar Intangible	_ \
Zìp	<u> </u>	29 3	n		Personal Property Tax.	Yes	□No
24	9. Name and Address of Curren		<u> </u>	-	10. Name and Address of New Registe	red Agent	
	9, Name and Address of Curren	: Legistered Macin	81	Name			
MOO	RARY, JAMES D.	•			(D.O. Day Number in Not Accentable)		
	BLUE LAGGON DRIVE	•	82	2 Street	Address (P.O. Box Number is Not Acceptable)		
			83	<del>-</del>		11111	1.517
	E 175		"	1			2011 (4) 38
MIAŅ	N FL 33126	-	84	4 City	● 28×2 1 × 1 0×	FL 85 Zip	p Code
Ì		<u> </u>			the surround for the purpose	co of changing i	its registered
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abor	ve-named	corporation submits this statement for the purposporation's board of directors. I hereby accept the a	appointment as	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autorised in the state of the	la Statute	s.	John Communication of the Comm		
Į							
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	egistered Ag	ent signature	required when reinstating) DA		TODE IN 12
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIREC	FORS IN IZ
		10 011111111111111111111111111111111111			<del> </del>	Chang	e □ Addition
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14. I 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 comparation 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 changing on an attachment with an address, with all other like empowered.

SIGNATURE:

January 4, 1999 (305)262-9249