

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED

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AND
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95 MAY -1 AM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Matheson Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 194567 (4)

1. Corporation Name:
VENREMO CORPORATION

Principal Place of Business: 15512 SW 142ND COURT P.O. BOX 432753 MIAMI FL 33177	Mailing Address: 15512 SW 142ND COURT P.O. BOX 432753 MIAMI FL 33177
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2. Principal Place of Business: 21	2a. Mailing Address: 26
State, Apt. # etc. 22	State, Apt. # etc. 27
City & State 23	City & State 28
24	25
29	30

3. Date Incorporated or Qualified 07/13/1956	3a. Date of Last Report 05/01/1994
4. FEI Number 59-6082148	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. This corporation is a state, or interstate, free enterprise? Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**VAN HORN, CHARLES
15512 SW 142ND COURT
MIAMI FL 33177**

10. Name and Address of New Registered Agent

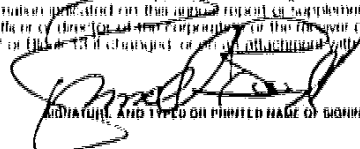
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2), 607.01(3), and 607.10(2), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in 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 I accept the obligations of a registered agent, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	DP BOYD, RUSSELL 1520 VENERA CORAL GABLES, FL 00000	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY, STATE, ZIP		3. CITY, STATE, ZIP	
NAME	DV MOTLEY, WILLIAM 1520 VENERA CORAL GABLES, FL 00000	4. NAME	☐ Change ☐ Addition
STREET ADDRESS		5. STREET ADDRESS	
CITY, STATE, ZIP		6. CITY, STATE, ZIP	
NAME	D MELZER, CARL J. 1539 SAN REMO CORAL GABLES, FL 00000	7. NAME	☐ Change ☐ Addition
STREET ADDRESS		8. STREET ADDRESS	
CITY, STATE, ZIP		9. CITY, STATE, ZIP	
NAME	D HUNTER, BURKE 1541 SAN REMO CORAL GABLES, FL 00000	10. NAME	☐ Change ☐ Addition
STREET ADDRESS		11. STREET ADDRESS	
CITY, STATE, ZIP		12. CITY, STATE, ZIP	
NAME	VD BLESER, WILLIAM D 1553 SAN REMO CORAL GABLES, FL 00000	13. NAME	☐ Change ☐ Addition
STREET ADDRESS		14. STREET ADDRESS	
CITY, STATE, ZIP		15. CITY, STATE, ZIP	
NAME	SD SIMPSON, RICHARD 1542 VENERA CORAL GABLES, FL 00000	16. NAME	☐ Change ☐ Addition
STREET ADDRESS		17. STREET ADDRESS	
CITY, STATE, ZIP		18. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information contained with this filing is voluntarily furnished and claims that qualify for the exemption stated in Section 199.02(4)(b), Florida Statutes. I further certify that the information contained on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as a notarized public act. That I am an officer or director of the corporation and the person authorized 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 an attachment with an affidavit.

SIGNATURE:  **RUSSELL BOYD** 4/11/95 (305) 2536576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR