


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 02, 1999 8:00 am**  
**Secretary of State**

09-02-1999 90008 009 \*\*\*550.00

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # 194567**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1956

4. FEI Number

**NOT APPLICABLE**

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

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | DP                     | <input type="checkbox"/> DELETE |
| NAME           | BOYD, RUSSELL          |                                 |
| STREET ADDRESS | 1520 VENERA            |                                 |
| CITY-ST-ZIP    | CORAL GABLES, FL 00000 |                                 |

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | DV                     | <input type="checkbox"/> DELETE |
| NAME           | MOTLEY, WILLIAM        |                                 |
| STREET ADDRESS | 1520 VENERA            |                                 |
| CITY-ST-ZIP    | CORAL GABLES, FL 00000 |                                 |

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | MELZER, CARL J.        |                                 |
| STREET ADDRESS | 1539 SAN REMO          |                                 |
| CITY-ST-ZIP    | CORAL GABLES, FL 00000 |                                 |

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | HUNTER, BURKE          |                                 |
| STREET ADDRESS | 1541 SAN REMO          |                                 |
| CITY-ST-ZIP    | CORAL GABLES, FL 00000 |                                 |

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | VD                     | <input type="checkbox"/> DELETE |
| NAME           | BLESER, WILLIAM D      |                                 |
| STREET ADDRESS | 1553 SAN REMO          |                                 |
| CITY-ST-ZIP    | CORAL GABLES, FL 00000 |                                 |

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | SD                     | <input type="checkbox"/> DELETE |
| NAME           | SIMPSON, RICHARD       |                                 |
| STREET ADDRESS | 1542 VENERA            |                                 |
| CITY-ST-ZIP    | CORAL GABLES, FL 00000 |                                 |

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 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: *Russell Boyd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-3-99 305-253-0581

CR2E034 (5/99)