COR ANNU	PROFIT PORATION JAL REPORT  1996  MENT # 3424	FLORIDA DEP Sandri Secre DiVISION O	ARIMENT OF STATE a B. Mortham stary of State F. CORPORATIONS			
1. Corporation	Name ENTURES INTERNATIONA	L, INC.				
5415 NW 3		Mailing Address P O BOX 66-1690 MIAMI SPRINGS FL US	33266-8690			
<b>A</b> D: : : 10:				3. Date Incorporated or Qualified 03/05/1969		of Last Report 8/14/1995
2. Principal Pla 21 1150	Thrush Avenue	2a. Maiting Address 26		4. FEI Number 59-1740124		Applied For Not Applicable
Suite, Apt #	≠, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	×	\$8.75 Additional Fee Required
City & State Miami	Springs, Florida	City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24 33166		Ζφ <b>29</b>	Country 30	8. This corporation has liability for Florida Statutes Yes	intangible tax	under s. 199.032,
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New I	Registered Aç	gent
169 E.I Suite	NAX,SAMUEL A.,JR. Flagler St.,Ste.1301 2550 Fl 33131		82 Street A 83 84 City	iddress (P.O. Box Number is Not Accepta		85 Zip Code
SIGNATURE	Stirative trood or proted ranks of registeral ag-	tron tron lobos, monga atatuje:	es, the above named correct by the corporation's to the Bostond Agents girls from 13.		DAIL	
TITLE NAME STREET ADDRESS	DP HOLMES, R EDWARD 5415 N W 38TH ST MIAMI SPRINGS FL	☐ DELEIE	1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS	ADDITIONS/CHANGES TO OFF	×	Change
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, RONALD D 6810-W KELLOG WICHITA KS	ŽŽ DĘTETE	2 1 THE 2 NAME 2 3 STREEL ADDRESS	Miami Springs, Flori		Change Addition
TITCE NAME STREET ADORESS CITY-ST-ZIP		☐ DECETE	3 1 ITILE 32 NAME 33 STREET ADDRESS 34 C-TY - ST-ZIP	DV Holmes, Maryanne W. 1150 Thrush Avenue		Charige 🙀 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4 1 Tifle 4 2 NAME 4 3 STREEL ADDRESS 4 4 CHY-SL-26	- Miami Springs, Flori	da -3316(	Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CI27 - S1 - ZIP			Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZiP 14. I do hereby	certify that the information supplied	DELETE  with this filing is voluntarily furn	6 1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST- ZIP	ly for the exemption stated in Section 119	D7mms Closed	Change Addition
oath; that I	arn an officer or director of the corp Block 12 or Block 13 if changed, or	bration or the receiver or truste	ual report is true and accide enipowered to execute	rurate and that my signature shall have the this report as required by Chapter 607, Fi  ward Holmes 4/29/96	same legal efforida Statutes;	