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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT # 543

(4)

VENTURA LTD. CORPORATION

Principal Place of Business Mailing Address



430 W. 18TH ST. HIALEAH FL 33010		430 W. 18TH ST. Hialeah Fl 33010				
					3. Date Incorporated or Qualified 08/19/1977	3a. Date of Last Report 03/24/1995
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1767790	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	□ \$5.00 May Be
23		28	+		Trust Fund Contribution	Added to Fees
- Ζφ t==1	Country	Zip	Country		8. This corporation has liability for intangible tax under s 199,032,	
24	25	29	[30]		Florida Statutes Yes No	
	9. Name and Address of Currer	nt Hegistered Agent	81	T N====	10. Name and Address of New	Registered Agent
200-			01	Name		
	I, ARTHUR		82	Street Add	ress (P.O. Box Number is Not Accepta	ible)
	IVO ALTO DRIVE			ļ		
MAMI	BCH. FL 33139		83			
			84	City		85 Zip Code
				1		FLII
Or registere	o the provisions of Sections 607.0502 of agent, or both, in the State of Flori n, and accept the obligations of, Sect	da. Such change was autr	iorized by the corr	named corpoi oration's boa	ration submits this statement for the p rd of directors. I hereby accept the ap	urpose of changing its registered office pointment as registered agent. I am
SIGNATURE						
	Signature, typical or printed name of registered agent		(NOTE: Rugistered Age	nt signature recipire	····	DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
11114	PETRUZZELL LAGIS	DELETE	1. 1 TITLE			Change Addition
NAME	PETRUZZELLI, VICKI		1.2 NAME			
STREET ADDRESS	31 E.RIVO ALTO DRIVE		1.3 STREE	T ADDRESS		
CITY-ST ZIP	MIAMI BCH. FL		1.4 C(TY -	ST - ZIP		
THE	ST	DELETE	2 1 TiTLE			Change Addition
NAME	Fenton, Alan		2.2 NAME			
STREET ADDRESS	9408 NW 72ND COURT		2 3 STREE	ADDRESS		
CITY ST-ZIP	TAMARAC FL		2.4 CITY -	ST-ZIP		
11:LF	CEO	DELETE	3. 1 TITLE			Change Addition
NAME	Boren, Arthur		3.2 NAME			Į.
STREET ADDRESS	31 E.RIVO ALTO DRIVE		33 STREE	T ADDRESS		,
Cify-S1-ZiP	MIAMI BCH. FL		3.4 CITY-:	ST - ZIP		
THLE		☐ DELETE	4. 1 TITLE			Change Addition
NAME:			4.2 NAME			
STREET ADDRESS			4.3 STREE	ADDRESS		
CHY ST ZIF	· · · · · · · · · · · · · · · · · · ·		4.4 DITY-5	ST-7IP		
TITLE		☐ DELETE	5. 1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	ADDRESS		1
CHTY+ST-7IP			5 4 CITY - 5	ST-ZIP		
1/1cf		☐ DELETE	6 1 TITLE			☐ Change ☐ Addition
NAME			6 2 NAME			_
STREET ADDRESS			6.3 STREE	ADDRESS		1
CI! Y - S' - 712			6.4 CITY-S	IT-ZIP		
14. I do hereby	certify that the information supplied to	with this filing is voluntarily			or the exemption stated in Section 119	0.07(3)(k), Florida Statutes. I further

4. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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: __

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.726

305 888 740U

Daytime Phone #