FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -2 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 563564 (4)

1. Corporation Name

VENELAND INC.

Principal Place of Business	Mailing Address
220 MIRACLE MILE SUITE 218 CORAL GABLES FL 33134	220 MIRACLE MILE SUITE 218 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/29/1978
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business	2a. Mailing Address
21	26 10205 Collins Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Penthouse 9
City & State 23	City & State 28 Bal Harbour,Fla.
Zip 24 / Country 25	Zip 29 33154-1405 / Country 30

4. FEI Number: 59-1976665 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TORREIRO, MARIA C
220 MIRACLE MILE
SUITE 218
CORAL GABLES FL 33134

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	☐ Change ☐ Addition	
NAME	TORREIRO, MARIA C.	1.2 NAME		
STREET ADDRESS	220 MIRACLE MILE #218	1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition	
NAME	MOSTEIRO, MERCEDES	2.2 NAME		
STREET ADDRESS	220 MIRACLE MILE #218	2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE	☐ Change ☐ Addition	
NAME	SOCARRAS, ISABEL M	3.2 NAME		
STREET ADDRESS	7681 SW 134TH COURT	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition	
NAME	MOSTEIRO, MANUEL	4.2 NAME		
STREET ADDRESS	220 MIRACLE MILE #218	4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	☐ Change ☐ Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change ☐ Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Maria C. Torreiro 3-10-95 444-9929
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0130003 CP