FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **563564** **(4)**

1. Corporation Name

VENELAND INC.

Principal Place of Business	Mailing Address
220 MIRACLE MILE SUITE 218 CORAL GABLES FL 33134	10205 COLLINS AVENUE PENTHOUSE 9 BAL HARBOUR FL 33154-1405 US

3. Date Incorporated or Qualified: 03/29/1978
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 440684	26 P.O. Box 440684
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Miami, Fl.	28 Miami, Fl.
24 Zip 33144 / 25 Country Dade	29 Zip 33144 / 30 Country Dade

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: Manuel Mosteiro
82 Street Address (P.O. Box Number is Not Acceptable): 10205 Collins Ave.
83: Penthouse 9
84 City: Bal Harbour Fl. **FL** 85 Zip Code: 33154

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] 2/6/95
Signature, typed or printed name of registered agent and date of acceptance (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE	President,Director	☒ Change ☐ Addition
NAME	TORREIRO, MARIA C.		1.2 NAME	Mosteiro Manuel	
STREET ADDRESS	220 MIRACLE MILE #218		1.3 STREET ADDRESS	10205 Collins Ave.,Penthouse 9	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	Bal Harbour Fl. 33154	
TITLE	STD	☐ DELETE	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	MOSTEIRO, MERCEDES		2.2 NAME	Mosteiro, Mercedes	
STREET ADDRESS	220 MIRACLE MILE #218		2.3 STREET ADDRESS	10205 Collins Ave.,Penthouse 9	
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	Bal Harbour, Fl. 33154	
TITLE	V	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	SOCARRAS, ISABEL M		3.2 NAME	Socarras, Isabel M.	
STREET ADDRESS	7681 SW 134TH COURT		3.3 STREET ADDRESS	223 San Sebastian Ave.	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Coral Gables, Fl. 33134	
TITLE	PD	☐ DELETE	4.1 TITLE	V	☒ Change ☐ Addition
NAME	MOSTEIRO, MANUEL		4.2 NAME	Torreiro, Maria C.	
STREET ADDRESS	220 MIRACLE MILE #218		4.3 STREET ADDRESS	812 Columbus Blvd.	
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP	Coral Gables, Fl. 33134	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: [signature] Maria C. Torreiro 2/6/95 (305) 445-7229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #