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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

~~P.O. BOX 4088X~~
~~BURKECHXXX~~
~~MIAMI FL 33134~~
US

Mailing Address

~~P.O. BOX 4088X~~
~~SPRINGHOUSE R~~
~~MIAMI FL 33134~~
US



3. Date Incorporated or Qualified
03/29/1978

3a. Date of Last Report
03/05/1996

2. Principal Place of Business

21 10205 Collins Avenue

Suite, Apt. #, etc.

22 Penthouse 9

City & State

23 Bal Harbour, Fl.

Zip

Country

24 33154

25 Dade

2a. Mailing Address

26 812 Columbus Blvd.

Suite, Apt. #, etc.

27

City & State

28 Coral Gables, Fl.

Zip

Country

29 33134

30 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

10. Name and Address of New Registered Agent

MOSTEIRO, MANUEL
10205 COLLINS AVE
PENTHOUSE 9
BAL HARBOUR FL 33154

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V
NAME TORREIRO, MARIA C.
STREET ADDRESS 812 COLUMBUS BLVD
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME MOSTEIRO, MERCEDES
STREET ADDRESS 10205 COLLINS AVE PENTHOUSE 9
CITY-ST-ZIP BAL HARBOUR FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V
NAME SOCARRAS, ISABEL M
STREET ADDRESS 223 SAN SEBASTIAN AVE
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME MOSTEIRO, MANUEL
STREET ADDRESS 10205 COLLINS AVE PENTHOUSE 9
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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:

Manuel Mosteiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97

Date

(305) 445-7229

Daytime Phone

0199682

CR2E034 (9/96)