FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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DOCUN 1. Corporation	√EN [°] Name	T #	5637	L3

VENTURA CHARTER ENTERPRISES, INC.

FILED Mar 19, 1997 8:00 am Secretary of State

Principal Place of Business Mailing Address						_							
2100 N.W. 23 Street 2100 N.W. Miami, FL 33142 Miami, FL							= [
TIL CITIL	, ru 33142 midiit, ru 33142				3. 0	3. Date incorporated or Qualified 3a. Date of Last Report							
									3/29/78		03/	12/96	5
2. Principal P	lace of Bus	iness	2a. Ma	alling Address				4. 6	El Number		. <u> </u>		Applied For
21			26					59	9-1819268	-		1	Not Applicable
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			5.0	Certificate of Status	Dosired			Additional		
22			27					J. (Certificate of Status			Fee F	Required
City & State		City & State			6 . E	lection Campaign F	inancing	_		🕽 Мау Ве			
23			28		T -				rust Fund Contribut		<u>LJ</u>		to Fees
Zip		Country	Zip)	Cour	ntry			his corporation has	·	itangible t Yes	_	s. 199.032,
24		25	29]		30				lorida Statutes lame and Address				
		and Address of Current	Hegistere	a Agent		81	Name		taine and Address	Of Heat Heg	1310100 7	gen	
Ignaci	io E.	Sanchez											
201 Sc	outh 1	Biscayne Bou	levai	rd, Suite	34[82	Street Addr	ress (P.C). Box Number is N	ot Acceptabl	e)		{
2400					}	83							
Miami,	, FL 3	33131			į								
3						84	City				FL	85 Zip	Code
11 Durguant	to the provi	sions of Sections 607.0502	and 607	1508 Florida Statut	es the ab		named corn	noration	submits this statem	ent for the or	rpose of	 changing	its registered
office or r	egistered a	gent, or both, in the State o	'Florida. I	Such change was a	authorizec	i by i	the corporati	tion's bo	ard of directors. I he	ereby accept	the appo	intment a	s registered
agent. I a	m familiar v	ith, and accept the obligati	ons of, Se	ection 607.0505, Fil	orida Stati	utes.							
SIGNATURE	Slanature June	d or printed name of registered agent	and title if an	plicable (NOT	E Remstered	r Agent	It signature regum	ned when re	instating)		DATE		
12.	Signature, type	OFFICERS AND			13.				DITIONS/CHANGE	S TO OFFICE	ERS AND	DIRECTO	DRS IN 12
TITLE	P/D			DELETE	1,1 TIT	ſĹĔ						Change	Addition
NAME	, .	Z, ELPIDIO P	-		1 2 NA	ME	-						ľ
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CITY-ST-ZIP		1/_ a//_	_//		6 4 CH				***165.00				
14. I do herel	by certify th	at the internation supplied	with this	ling doés not quali	fy for the	exem	nption stated	in Sect	ion 119.07(3)(i), Flo	rida Statutes	. I further effect as	certify that if made u	at the inder oath: that

Information indicated or migrating annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under or lam an officer or director of the co-potation 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. , ELPIDIO P. NUNEZ, PRES. 3/1/97(305)633-8112

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR