

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G00233** (8)

1. Corporation Name

**VENEVISION INTERNATIONAL, INC.**

Principal Place of Business

**550 BILTMORE WAY, 9TH FLOOR  
CORAL GABLES FL 33134**

Mailing Address

**550 BILTMORE WAY, 9TH FLOOR  
CORAL GABLES FL 33134**



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 date of appointment

(NOTE: Registered Agent signature is required when registered agent is changed)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RIVERA, ALEJANDRO</b>	
STREET ADDRESS	<b>550 BILTMORE WAY 9TH FL</b>	
CITY-STATE-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NARO, JAMES G.</b>	
STREET ADDRESS	<b>550 BILTMORE WAY 9TH FL</b>	
CITY-STATE-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>PDT</b>	<input type="checkbox"/> DELETE
NAME	<b>PEREZ, BENJAMIN F</b>	
STREET ADDRESS	<b>550 BILTMORE WAY, 9TH FL</b>	
CITY-STATE-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FANJUL, JOHN A</b>	
STREET ADDRESS	<b>550 BILTMORE WAY, 9TH FL</b>	
CITY-STATE-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>CO</b>	<input type="checkbox"/> DELETE
NAME	<b>BARDASANO, CARLOS</b>	
STREET ADDRESS	<b>550 BILTMORE WAY, 9TH FL</b>	
CITY-STATE-ZIP	<b>CORAL GABLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Director &amp; Vice-President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>RIVERA, ALEJANDRO</b>	
1.3 STREET ADDRESS	<b>550 Biltmore Way, 9th Floor</b>	
1.4 CITY-STATE-ZIP	<b>Coral Gables, FL 33134</b>	
2.1 TITLE	<b>Director &amp; Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>GARMENDIA, GENARO J.</b>	
2.3 STREET ADDRESS	<b>550 Biltmore Way, 9th</b>	
2.4 CITY-STATE-ZIP	<b>Coral Gables, FL 33134</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	<b>Vice-President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>BARDASANO, CARLOS</b>	
5.3 STREET ADDRESS	<b>550 Biltmore Way, 9th Floor</b>	
5.4 CITY-STATE-ZIP	<b>Coral Gables, FL 33134</b>	
6.1 TITLE	<b>Chief Operating Officer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>RODRIGUEZ, RODOLFO</b>	
6.3 STREET ADDRESS	<b>550 Biltmore Way, 9th Floor</b>	
6.4 CITY-STATE-ZIP	<b>Coral Gables, FL 33134</b>	

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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Benjamin F. Perez**  
Director, Pres. & Treas.

3/29/96 (305) 442-3449

DATE

PHONE NUMBER

CR2E034 (12/95)