

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

FILED  
Feb 03 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/15/1982	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2222593	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	GARMENDIA, GENARO J	
STREET ADDRESS	550 BILTMORE WAY, 9TH	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	PDT	<input type="checkbox"/> DELETE
NAME	PEREZ, BENJAMIN F	
STREET ADDRESS	550 BILTMORE WAY, 9TH FL	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARMENDIA, GENARO J.	
STREET ADDRESS	550 BILTMORE WAY, 9TH FLOOR	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Alejandro Rivera	
1.3 STREET ADDRESS	550 Biltmore Way, Suite 900	
1.4 CITY-ST-ZIP	Coral Gables, FL 33134	
2.1 TITLE	Chief Operating Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Luis Villanueva	
2.3 STREET ADDRESS	550 Biltmore Way, Suite 900	
2.4 CITY-ST-ZIP	Coral Gables, FL 33134	
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William T. Keon, III	
3.3 STREET ADDRESS	550 Biltmore Way, Suite 900	
3.4 CITY-ST-ZIP	Coral Gables, FL 33134	
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Eduardo L. Hernandez	
4.3 STREET ADDRESS	550 Biltmore Way, Suite 900	
4.4 CITY-ST-ZIP	Coral Gables, FL 33134	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: \_\_\_\_\_

Eduardo L. Hernandez 1/15/98 (305) 442-3405

CR2E034 (10/97)