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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90123 012 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G00233 *OK*

1. Corporation Name
VENEVISION INTERNATIONAL, INC.

Principal Place of Business Mailing Address
550 BILTMORE WAY, SUITE 900 550 BILTMORE WAY, SUITE 900
CORAL GABLES, FL CORAL GABLES, FL
33134 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/15/1982

4. FEI Number **59-2222593** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **GARMENDIA, GENARO J.**
STREET ADDRESS **550 BILTMORE WAY, SUITE 900**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

TITLE **PDT** ☐ DELETE
NAME **PEREZ, BENJAMIN F.**
STREET ADDRESS **550 BILTMORE WAY, SUITE 900**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

TITLE **VPD** ☐ DELETE
NAME **RIVERA, ALEJANDRO**
STREET ADDRESS **550 BILTMORE WAY, SUITE 900**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

TITLE **COO** ☐ DELETE
NAME **VILLANUEVA, LUIS**
STREET ADDRESS **550 BILTMORE WAY, SUITE 900**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

TITLE **VP** ☐ DELETE
NAME **KEON, III, WILLIAM T.**
STREET ADDRESS **550 BILTMORE WAY, SUITE 900**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

TITLE **S** ☐ DELETE
NAME **HERNANDEZ, EDUARDO L.**
STREET ADDRESS **550 BILTMORE WAY, SUITE 900**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

14. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicate 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, with all other like empowered.

EDUARDO L. HERNANDEZ

SECRETARY

4/1/99

(305) 442-3405

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)