FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08371 (1)

1. Corporate Name
VENECOM, INC.

Principal Office Address
4603 SW 71 AVE.
MIAMI FL 33155

Mailing Address
4603 SW 71 AVE.
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Registered: 08/11/1989
3a. Date of Last Report: 04/05/1994

2. Former Name — 2a. Mailing Address
21 — 26
City, Apt. # — 22 — 27
City, State — 23 — 28
Zip — 24 — 25 — 29 — 30

4. FEI Number: 65-0137050 — 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. The corporation has authority to adopt a profit sharing plan under s. 180.1810 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
UTRERA, JULIO C.
8131 SW 36TH TERRACE
MIAMI FL 33155

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the power vested in me by Section 607.0505 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

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	UTRERA, JULIO A.
STREET ADDRESS	8131 SW 36TH TERRACE
CITY, ST, ZIP	MIAMI FL
TITLE	DP
NAME	UTRERA, JULIO C.
STREET ADDRESS	8131 SW 36TH TERRACE
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not conflict, to the extent I am aware, with the provisions of Section 607.0505 Florida Statutes. Further certify that the information stated on the annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect and force as if made under oath. That I am an officer or director of the corporation or the trustee or trustee appointed to wind up the affairs of the corporation as required by Chapter 607 Florida Statutes, and that my name appears above, or on an attachment with an address.

SIGNATURE: [signature] 5/4/95 305 6699031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0168185 CP