

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 29 AM 8:21

DOCUMENT # L30713

(6)

1. Corporation Name

VENIN, CORP.

Principal Place of Business

Mailing Address

% ALBERTO N. TRELLES
1-DATRAM- 9100 S. DADELAND BLVD., #1410
MIAMI FL 33156

% ALBERTO N. TRELLES
1 DATRAM, 9100 S. DADELAND BLVD., #1410
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/20/1989

11/28/1994

4. FEI Number

Applied For

65-0157871

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. This corporation has liability for intangible tax under s. 100.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 999 POLCE DE LEON BLVD

26 1 (3 ANNE)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE #1000

27

City & State

City & State

23 CORAL GABLES, FL

28

Zip

Country

Zip

Country

24 33134

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRELLES, ALBERTO N.
+DATRAM-
9100 S. DADELAND BLVD., SUITE 1410
MIAMI FL 33156

999 POLCE DE LEON BLVD
#1000
CORAL GABLES, FL
33134

81 Name

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 of corporation

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MALAVE, NATALIA
STREET ADDRESS 925 S. BAYSHORE DR #1044
CITY - ST - ZIP MIAMI FL

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

16 LOTHROP STREET
NEWTON, MA. 02160

TITLE VTD
NAME MALAVE, MARK
STREET ADDRESS 925 S. BAYSHORE DR #1044
CITY - ST - ZIP MIAMI FL

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

16 LOTHROP STREET
NEWTON, MA. 02160

TITLE S
NAME MALAVE, MARK
STREET ADDRESS 925 S. BAYSHORE DR #1044
CITY - ST - ZIP MIAMI FL

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

16 LOTHROP STREET
NEWTON, MA. 02160

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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 110.07(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 if changed, or in an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

ALBERTO N. TRELLES, AS ATTORNEY IN FACT 6/19/95 (605) 445-4668

CR2E034 (3/95)