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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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1	1997	I have limit but							
AMENDED 1997 DIVISION OF CORPORATIONS DOCUMENT # L67965					97 JUN -4 PM 12: 1:2				
1. Corporation Name					SECRETARY OF STATE				
Venes Investments, Inc.					TALLAHA	KARTUL A KSSEF EL	ORIN NIRO	Δ	
					(116-647-1771			• •	
Principal Plac	ce of Business	Mailing Address							
1428 Brickell Avenue 1428 Brickell Avenue									
Main Floor Main Floor				uc					
Miami,	Florida 33131	Miami, Florid	da 331	31	3. Date Incorporated or Qualified 04–25–90	3a. Date o		eport	
	Place of Business	2a. Mailing Address			4. FEI Number	1 05 20		pplied For	-
21 Sulte, Apt	# ala	26 Suite Ant # ste			65-0201160			ol Applicable	
22		Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 / Fee Re	Additional equired	
City & Sta	ite	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	May Be to Fees	
Zip 24	Country Zip 30			У	This corporation has liability for Florida Statutes	intangible tax		199.032,	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
Julio E. Manguart				Name					7
1428 Brickell Avenue				82 Street Address (P.O. Box Number is Not Acceptable)					1
Main Floor Miami, Florida 33131				B3					-
Mlaml,	F10710a 33131	1					,		
		/	84	1,			5 Zip 0		
11. Pursuant office or	to the provisions of Sections 607/050 registered egent, or both, in the State	2 and 607.1508, Florida Statute of Florida. Such change was a ations of Section 607.0505. Flo	es, the above uthorized b	ve-named corpora	poration submits this statement for the patients board of directors. I hereby acception's	ourpose of chapter of the appointment of the appointment.	inging it	s registered registered	
SIGNATURE	Julio Y /// si		nos otatote		O	6-03-97			-
				jent signature requi	ired when renstating)	DATE			
12.	OFFICERS AND DIRECTORS Director/President DELETE		13.		ADDITIONS/CHANGES TO OFFIC		RECTOR Change	S IN 12 Addition	- 8€
NAME /	Luiz Lian de Abreu Duarte		1.2 NAME		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition 40002201294—8			10)	
STREET ADDRESS	1000 Venetian Way, #1102		13 STRFE	T ADDRESS				8	ြုပ္ပ
CITY-ST-ZIP	Miami, Florida 33139		14 C/TY-	ST-ZIP					<u> </u>
TOTLE &	DEFEIE		2 1 TITLE				Change	Addition	0
NAME STREET ADDRESS			2.2 NAME	1 ADDRESS					
CITY-ST-ZIP			2 4 CITY-						
TITLE	DELETE .		3.1 TITLE				Change	Addition	1
NAME			3.2 NAME						İ
STREET ADDRESS			3.3 STREET	T ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3 4. CITY- 4 1 TITLE	ST - ZIP			Obs	A 4475	-
NAME		Land Dettile	4 2 NAME			니	Change	Addition	
STREET ADDRESS				1 ADDRESS					
CITY-ST-ZIP	<u>.</u>		4.4 CITY - 5	-					
TALE		DELETE	5 1 TITLE				Change	Addition	1
NAME			5.2 NAME			1			
STREET ADDRESS			5.3 STREET			•			
CITY-ST-ZIP TITLE		DELETE	5 4 001Y-5 6 1 TITLE	ST - 7IP			Change	Addition	1
NAME #	ŤŞ.	_ been	6.2 NAME			.	onally¢	Munitibil)	
STREET ADDRESS			63 STREET	LADDRESS					
CITY-ST-ZIP			64 CHY-S	ST · ZIP					
14. I do herel	by certify that the information supplied	with this filing does not qualify	for the exe	emption stated	d in Section 119.07(3)(i), Florida Statutes	. I further cert	ify that t	he	1

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 eath; that tam an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, flor da Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address:

06-03-97

(305) 372-8889



ACCOUNT NO. : 072100000032

REFERENCE: 415126

169526A

AUTHORIZATIONATUCIA /

COST LIMIT : \$ 113.75

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ORDER DATE: June 4, 1997

ORDER TIME : 9:26 AM

ORDER NO. : 415126-010

CUSTOMER NO: 169526A

CUSTOMER: Ms. Amy Concepcion

Manguart & Gomez, P.a.

Main Floor

1428 Brickell Avenue

Miami, FL 33131

ANNUAL REPORT FILING

NAME: VENES INVESTMENTS, INC.

ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett

EXAMINER'S INITIALS: