FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State 97 MAY -5 AM 11:58 1997 DIVISION OF CORPORATIONS **FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company DOCUMENT #L95000000547 1a. Principal Place of Business Address VENEFLO, L.C. 15011 S.W. 43RD TERRACE 15011 S.W. 43RD TERRACE MIAMI FL 33185 MIAMI FL 33185 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation D7/19/1995 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0689478 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country # 75 Add tional Fee Required .0/24/1996 8. Name and Address of New Registered Agent 7. Name and Address of Current Registered Agent OTTOLINO, GIUSEPPE 15011 S.W. 43RD TERRACE Street Address (P.O. Box Number is Not Acceptable) MIAMU FL 33185 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. DATE SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MEM DTTOLINO, GIUSEPPE 5011 S.W. 43RD TERRACE MIAMI FL MEM OTTOLINO, YADIRA 15011 S.W. 43RD TERRACE MIAMI FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (1), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited lightility company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

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AND EXPERT OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER