

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # M44424 (3)**

1. Corporation Name  
**VENMARK OF FLORIDA, INC.**



Principal Place of Business: **C/O RODOLFO ORTIZ AND ASSOCIATES, INC 132 MINORCA AVE. CORAL GABLES FL 33134**  
Mailing Address: **C/O RODOLFO ORTIZ AND ASSOCIATES, INC 132 MINORCA AVE. CORAL GABLES FL 33134**

3. Date Incorporated or Qualified <b>01/07/1987</b>	3a. Date of Last Report <b>06/05/1995</b>
4. FEI Number <b>59-2826161</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Electron Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 193.052, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Street, Apt. #, et.	26. Street, Apt. #, et.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County
9. Name and Address of Current Registered Agent	
30. Name and Address of New Registered Agent	

**MOLANS, JAMES A.  
5901 SW 74TH ST  
#400  
S MIAMI FL 33143**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	BLECHINGBERG, B.C.	2. NAME	
3. STREET ADDRESS	5901 SW 74TH ST	3. STREET ADDRESS	
4. CITY, STATE, ZIP	S MIAMI FL	4. CITY, STATE, ZIP	
5. DATE	VD	5. DATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	BLECHINGBERG, YOLANDA	6. NAME	
7. STREET ADDRESS	5901 SW 74TH ST	7. STREET ADDRESS	
8. CITY, STATE, ZIP	S MIAMI FL	8. CITY, STATE, ZIP	
9. TITLE	TD	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	BLECHINGBERG, THOMAS	10. NAME	
11. STREET ADDRESS	5901 SW 74TH ST	11. STREET ADDRESS	
12. CITY, STATE, ZIP	S MIAMI FL	12. CITY, STATE, ZIP	
13. DATE	SD	13. DATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	BLECHINGBERG, WILLIAM D	14. NAME	
15. STREET ADDRESS	5901 SW 74TH ST	15. STREET ADDRESS	
16. CITY, STATE, ZIP	S MIAMI FL	16. CITY, STATE, ZIP	
17. TITLE	AS	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	MOLANS, JAMES A.	18. NAME	
19. STREET ADDRESS	5901 SW 74TH ST	19. STREET ADDRESS	
20. CITY, STATE, ZIP	S MIAMI FL	20. CITY, STATE, ZIP	
21. DATE		21. DATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		22. NAME	
23. STREET ADDRESS		23. STREET ADDRESS	
24. CITY, STATE, ZIP		24. CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 of this report with an attachment with an address.

**SIGNATURE:** *W.D. Blechingberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21-2-96

CR2E034 (12/95)