

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

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**May 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33134-4510
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3. Date Incorporated or Qualified 01/07/1987	3a. Date of Last Report 02/27/1996
4. FEI Number 59-2826161	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLECHINGBERG, B.C.	
STREET ADDRESS	5901 SW 74TH ST	
CITY-ST-ZIP	S MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLECHINGBERG, YOLANDA	
STREET ADDRESS	5901 SW 74TH ST	
CITY-ST-ZIP	S MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BLECHINGBERG, THOMAS	
STREET ADDRESS	5901 SW 74TH ST	
CITY-ST-ZIP	S MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLECHINGBERG, WILLIAM D	
STREET ADDRESS	5901 SW 74TH ST	
CITY-ST-ZIP	S MIAMI FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MOLANS, JAMES A.	
STREET ADDRESS	5901 SW 74TH ST	
CITY-ST-ZIP	S MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: *Yolanda Blechingberg* V.D. 4/30/97 505-444-7333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)