FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M63628 (5)

1. Corporation Name
VENDACE FLORIDA, INC.

Principal Place of Business
717 PONCE DE LEON BLVD
SUITE 337
CORAL GABLES FL 33134
US

Mailing Address
717 PONCE DE LEON BLVD
SUITE 337
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1987
3a. Date of Last Report: 06/10/1994

2. Principal Place of Business
21
Suite Apt # or Bldg
22
City & State
23
24 25

2a. Mailing Address
26
Suite Apt # or Bldg
27
City & State
28
29 30

4. FEI Number: 98-0040225 — Applied For / 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 filed its annual report for year 19 [illegible] Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
COMSE DE LA TORRIENTE
999 PONCE DE LEON BLVD #1040
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. [illegible] Florida Statutes [illegible] statement for the purpose of changing its registered office or registered agent [illegible] 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

12. OFFICERS AND DIRECTORS

TITLE	PS
NAME	CARLOS, JIMENEZ
STREET ADDRESS	717 PONCE DE LEON BLVD #337
CITY, ST, ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	☐ Change ☐ Add/Del
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Add/Del
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Add/Del
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Add/Del
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is accurate and does not qualify for the exemption stated in Section 607.0193(2), Florida Statutes. Further certify that the corporation has filed all applicable annual reports or supplemental annual reports in prior years and that the signature shown below is the same legal officer, director or agent on file with the Department of State who is one of the officers or directors of the corporation at the time of filing of this report or who is authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears above, or below if typed, or on an attachment with an address.

SIGNATURE: Carlos Jimenez PRESIDENT 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0138400 CP