

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 08 1996 8:00 am
Secretary of State

DOCUMENT # N04376 (2)
1. Corporation Name
LE TRE VENEZIE, INC.

Principal Place of Business Mailing Address
ROTARY CLUB
2349 TAYLOR ST
HOLLYWOOD FL 33021
US
C/O FLORAN JOHN
10450 NW 22 ST
PEMBROKE PINES FL 33026
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/26/1984		3a. Date of Last Report 04/27/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2429404		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees			
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

FLORAN, JOHN L
10450 NW 22ND ST
PEMBROKE PINES FL 33026

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. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PERSICO, JOHN	
STREET ADDRESS	3315 TAYLOR ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	FONDA, BRUNO	
STREET ADDRESS	1145 ADAM ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TBS	<input checked="" type="checkbox"/> DELETE
NAME	BUDENICH BARBARA	
STREET ADDRESS	5919 BROAD ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TDS	<input type="checkbox"/> DELETE
NAME	FLORAN, JOHN	
STREET ADDRESS	10450 NW 22ND ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SOLIS, NICK	
STREET ADDRESS	305 N. 32ND AVE	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	GERARDINI, SILVIO	
STREET ADDRESS	2610 N.E. 30TH AVE.	
CITY-ST-ZIP	FT LAUDERDALE, FL 33306	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" 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 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Floran Sec*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-96 **954-431-2864**
Date Daytime Phone #

CR2E037 (12/95)