


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90082 045 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> N-04376 1. Corporation Name					
LE TRE VENEZIE, INC.					
Principal Place of Business		Mailing Address			
4501 Monroe Street Hollywood, FL 33021		4501 Monroe Street Hollywood, FL 33021			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	4501	26	P.O. BOX 1786	1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2429404	
City & State		City & State		Applied For	
23		28	HOLLYWOOD, FL 33022	Not Applicable	
24	Zip	29	Zip	5. Certificate of Status Desired	
25	Country	30	Country	<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
Oscar Proni 4501 Monroe Street Hollywood, FL 33021		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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	P FACHIN, MARIA <input type="checkbox"/> DELETE				
NAME	1811 JEFFERSON ST., APT. 601				
STREET ADDRESS	HOLLYWOOD, FL. 33020				
CITY-ST-ZIP					
TITLE	VP SERGAS, GIUSTO <input type="checkbox"/> DELETE				
NAME	3350 N.E. 192 St., Apt. D5F				
STREET ADDRESS	N. MIAMI BEACH, FL. 33180				
CITY-ST-ZIP					
TITLE	S ZORI, MARY <input type="checkbox"/> DELETE				
NAME	420 N.E. 12 AVE., APT. 702				
STREET ADDRESS	HALLANDALE, FL. 33009				
CITY-ST-ZIP					
TITLE	T PRONI, OSCAR <input type="checkbox"/> DELETE				
NAME	4501 MONROE STREET				
STREET ADDRESS	HOLLYWOOD, FL. 33021				
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <i>Maria Fachin</i>		Maria Fachin		3/29/99 (954) 922-8385	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E037 (10/97)