

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000003815 (6)		1. Corporation Name VENICE INTERNATIONAL, INC.	
Principal Place of Business 1800 ACME ST. ORLANDO FL 32805 US		Mailing Address 1800 ACME ST. ORLANDO FL 32805 US	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt #, etc		26. 1630 ACME ST	
22. City & State		27. City & State	
23. Zip		28. City & State	
24. Country		29. Zip	
25. Country		30. Country	
9. Name and Address of Current Registered Agent FAIZ, ZAHID 1800 ACME ST. ORLANDO FL 32805		10. Name and Address of New Registered Agent 81. Name RAJA MOHAMMAD ASHFAQ 82. Street Address (P.O. Box Number is Not Acceptable) 83. 1630 ACME ST 84. City ORLANDO FL 85. Zip Code 32805	
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: RAJA M. ASHFAQ 6-18-96 (NOTE: Registered Agent's signature is required when reinstating.)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE D 2. NAME FAIZ, ZAHID 3. STREET ADDRESS 1800 ACME ST. 4. CITY-STATE-ZIP ORLANDO FL		1.1 TITLE D 1.2 NAME RAJA M. ASHFAQ 1.3 STREET ADDRESS 1630 ACME ST 1.4 CITY-STATE-ZIP ORLANDO FL	
2. TITLE 3. NAME 4. STREET ADDRESS 5. CITY-STATE-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	
3. TITLE 4. NAME 5. STREET ADDRESS 6. CITY-STATE-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	
4. TITLE 5. NAME 6. STREET ADDRESS 7. CITY-STATE-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	
5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-STATE-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	
6. TITLE 7. NAME 8. STREET ADDRESS 9. CITY-STATE-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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 it 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: [Signature]		6-18-96 407-425 6184	
SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (3/96)