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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State 🚣 DIVISION OF CORPORATIONS

1997

POCUMENT # P93000003815 (6)

VENICE INTERNATIONAL, INC.

Principal Place of Business Mailing Address 1800 AOME ST. 1630 ACME ST ORLANDO FL 32805-3602 ORLANDO FL 32805 3a. Date of Last Report 3. Date Incorporated or Qualified 01/11/1993 07/02/1996 2. Principal Place of Business 2a. Mailing Address Applied For 1630 ACME 59-3163302 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing FLORIDA • ORLANDO 23 Trust Fund Contribution Added to Fees 28 Country Ζipi 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ASHFAQ, RAJA MOHAMMAD 1800 ACME ST. Street Address (P.O. Box Number is Not Acceptable) 1630 ACME ST ลา ORLANDO FL 32805 84 City 85 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 beard 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE Change Addition TITLE 1.1 DIU ashfaq, raja m. NAME 1.2 NAME CR2E034 1630 ACME ST STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Change TITLE 2.1 TITL€ 2.2 NAME NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CiTY+ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7IP DELETE Change Addition 4.1 THE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DLLETE 5.1 TITLE Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY+ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CHY-ST-7IP 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 another my signature shall have the same legal effect as if made under eath; 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: RAJA MOHAMMAD ASHFAR

NAME

STREET ADDRESS

CITY-ST-ZIP

2-10-97 407-425-6151

FILED

May 14 1997 8:00am

Secretary of State