4. 21.97 3.5062 C-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 P93000009202 (1) DOCUMENT # 1. Corporation Name

VEN-US LINES AGENCY, INC.				
Principal Place of Business	Mailing Address			
3785 NW 82 AVE SUITE 208	3785 NW 82 AVE SUITE 208			

FILED Apr 21 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address			- I THE HALL THE RESIDENCE HALL BEAM OF HER COMMENT OF THE LAND COMMENT OF THE LAND COMMENT OF THE LAND COMMENT.					
SUITE 208 SUITE 2		3785 NW 82 AVE SUITE 208 MIAMI EL 23166-8630						
		MIRMI PL 53100-0030			3. Date Incorporated or Qualified			port
2. Principal Pl	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number 65-0391140		J	plied For Applicable
	Suite Apr. #. etc Suite, Apt. #, € 27				5. Certificate of Status Desired	□ \$	8.75 A	dditional
City & State	e	City & State 6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees			
Zipi 4]	Country 25	Zip 29	Cour 30	itry		Z Yes 🔲 N	0	199.032,
.,	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Ro	egistered Age	nt	
	RBAY, MIGUEL E]	81 Name				
	N.W. 57TH AVE		Ţ	82 Street Ad	dress (P.O. Box Number is Not Accepta	ble)		
MIA	MI FL 33126		-	B3				
				84 City		p 8	5 Zip C	ode
					progration submits this statement for the ation's board of directors. I hereby acce	- PL) '	
SIGNATURE	Suprante Appeal or panted mark of mg stered a OFFICERS A	agent ed blod implicable (NO ND DIRECTORS DELETE	13.		uired when reinstating) ADDITIONS/CHANGES TO OFFI		RECTORS	S IN 12
NAME	KOBIAKOV, MICHAEL	C brown	1.2 NA	\ \ \ \ \		,) 	Outsigo	PIBORIOT?
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iame Street address	3785 NW 82 AVE #208		2.2 NAI 2.3 STE	REET ADDRESS				
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City - St - 716 Title Name			4.3 STF 4.4 CIT 5.1 TIT 5.2 NA	REET ADDRESS Y-ST-ZIP LE			Change	Addition
C:TY+ST+ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI	REET ADDRESS Y-ST-ZIP LE				
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STREET ADDRESS CATY-ST-7/P TITLE NAME STREET ADDRESS CHY-SE-7/F TITLE		☐ DELETE	4.3 STI 4.4 CIT 5.1 TIT 52 NA 5.3 STI 5.4 CIT 6.1 TIT. 6.2 NA	HEET ADDRESS Y-ST-ZIP LE ME HEET ADDRESS Y-ST-ZIP LE ME				Addition Addition
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supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name on an attachment with an address. information indicated or

SIGNATURE

Daytime Phone #

0226207