PILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90011 029 ***150.00

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000088836

1. Corporation VENUS,	•	00000		-				
Principal Plac	e of Business	Mailing Address			3 1 00 11 00 2 11 5 1 0180 11211 00 111	Main Main CO	DU SOJEN KOLOL SOLES	I TUST O B atu 1 81 0
3200 PONCE DE LEON BLVD 2ND FLOOR 3200		3200 PONCE DE LEON BLV CORAL GABLES FL 33134	00 Ponce de Leon BLVD 2ND Floor Oral Gables Fl 33134		DO NOT WRITE IN THIS SPACE			
]				3.	Date Incorporated or Qualife	ed		
					12/30/1993			
2. Principal P	Place of Business	2a. Mailing Address			FEI Number		Ap	plied For
21		26		. (65-0463881	•	No	t Applicable
Suite, Apt. #, etc. 22 City & State 23		Suite, Apt. #, etc. 27 City & State 28		5. (Certifcate of Status Desired		\$8.75 / Fee Re	
					Election Campaign Financin	g 🗆	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip	Country 30	8.	This corporation owes the cu Personal Property Tax.	ırrent year l		□No
24	9. Name and Address of Current		30		Name and Address of New	Registere		<u>ـــ،٠٠</u>
			81 Name		,			
VALLE, JOSE 3200 PONCE DE LEON BLVD		82 Street A	ddress (P.	O. Box Number is Not Accep	otable)			
	FLOOR		83					11 (2 m) 1 (1)
,	RAL GABLES FL 33134	•	"		一、 (4) 编译的 (4)			
			84 City			E	85 Zip (Code "
11 Purcuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	e the above-named o	ornoration	euhmite this statement for th	e numose d	of changing its	registered
office or r	registered agent, or both, in the State of	of Florida Such change was au	thorized by the corner	ration's bor	addining this statement for th	ic purpose t	ointment or re	registered
		n i lottua. Guoti oriange was au	monzed by the corpor	I ALIUM S DUC	ird of directors. I hereby acc	epi ine app	oumineur as re	gisterea
1 '	m familiar with, and accept the obligation	ions of, Section 607.0505, Flori	da Statutes.	ialion 5 Doc	submits this statement for the ird of directors. I hereby acc	ept the app	omunejit as re	gisterea
agent. I a	m familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a second sec		da Statutes. Registered Agent signature req		•	DATE	omunent as re	gisterea
1 '	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: #		quired when rek	•	DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: f	Registered Agent signature req	quired when rek	nstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND PS VALLE, JOSE	and title if applicable. (NOTE: 6 D DIRECTORS DELETE	Registered Agent signature req	quired when rek	nstating)	DATE	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND PS VALLE, JOSE 3200 PONCE DE LEON BLVD 21	and title if applicable. (NOTE: 6 D DIRECTORS DELETE	Registered Agent signature req	quired when rek	nstating)	DATE	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PS VALLE, JOSE	and title if applicable. (NOTE: # D DIRECTORS DELETE ND FLOOR	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME	quired when rek	nstating)	DATE	ND DIRECTO	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PS VALLE, JOSE 3200 PONCE DE LEON BLVD 21	and title if applicable. (NOTE: 6 D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	quired when rek	nstating)	DATE	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PS VALLE, JOSE 3200 PONCE DE LEON BLVD 21	and title if applicable. (NOTE: # D DIRECTORS DELETE ND FLOOR	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	quired when rek	nstating)	DATE	ND DIRECTO	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PS VALLE, JOSE 3200 PONCE DE LEON BLVD 21	and title if applicable. (NOTE: # D DIRECTORS DELETE ND FLOOR	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	quired when rek	nstating)	DATE	ND DIRECTO	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PS VALLE, JOSE 3200 PONCE DE LEON BLVD 21	and title if applicable. (NOTE: f D DIRECTORS DELETE ND FLOOR DELETE	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	quired when rek	nstating)	DATE	ND DIRECTO Change Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PS VALLE, JOSE 3200 PONCE DE LEON BLVD 21	and title if applicable. (NOTE: # D DIRECTORS DELETE ND FLOOR	Registered Agent signature req 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	quired when rek	nstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PS VALLE, JOSE 3200 PONCE DE LEON BLVD 21	and title if applicable. (NOTE: f D DIRECTORS DELETE ND FLOOR DELETE	Registered Agent signature req 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	quired when rek	nstating)	DATE	ND DIRECTO Change Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PS VALLE, JOSE 3200 PONCE DE LEON BLVD 21	and title if applicable. (NOTE: f D DIRECTORS DELETE ND FLOOR DELETE	Registered Agent signature req 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	quired when rek	nstating)	DATE	ND DIRECTO Change Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PS VALLE, JOSE 3200 PONCE DE LEON BLVD 21	and title if applicable. (NOTE: ID DIRECTORS) DELETE ND FLOOR DELETE	Registered Agent signature req 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	quired when rek	nstating)	DATE	\ND DIRECTO ☐ Change ☐ Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered agent OFFICERS AND PS VALLE, JOSE 3200 PONCE DE LEON BLVD 21	and title if applicable. (NOTE: f D DIRECTORS DELETE ND FLOOR DELETE	Registered Agent signature req 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	quired when rek	nstating)	DATE	ND DIRECTO Change Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PS VALLE, JOSE 3200 PONCE DE LEON BLVD 21	and title if applicable. (NOTE: ID DIRECTORS) DELETE ND FLOOR DELETE	Registered Agent signature req 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME	quired when rek	nstating)	DATE	\ND DIRECTO ☐ Change ☐ Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PS VALLE, JOSE 3200 PONCE DE LEON BLVD 21	and title if applicable. (NOTE: ID DIRECTORS) DELETE ND FLOOR DELETE	Registered Agent signature req 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	quired when rek	nstating)	DATE	\ND DIRECTO ☐ Change ☐ Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PS VALLE, JOSE 3200 PONCE DE LEON BLVD 21	and title if applicable. (NOTE: ID DIRECTORS DELETE ND FLOOR DELETE DELETE DELETE	Registered Agent signature req 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.3 STREET ADDRESS	quired when rek	nstating)	DATE	\ \text{Change} \ \text{Change}	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PS VALLE, JOSE 3200 PONCE DE LEON BLVD 21	and title if applicable. (NOTE: ID DIRECTORS) DELETE ND FLOOR DELETE	Registered Agent signature req 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	quired when rek	nstating)	DATE	\ND DIRECTO ☐ Change ☐ Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PS VALLE, JOSE 3200 PONCE DE LEON BLVD 21	and title if applicable. (NOTE: ID DIRECTORS DELETE ND FLOOR DELETE DELETE DELETE	Registered Agent signature req 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	quired when rek	nstating)	DATE	\ \text{Change} \ \text{Change}	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PS VALLE, JOSE 3200 PONCE DE LEON BLVD 21	and title if applicable. (NOTE: ID DIRECTORS DELETE ND FLOOR DELETE DELETE DELETE	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	quired when rek	nstating)	DATE	\ \text{Change} \ \text{Change}	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PS VALLE, JOSE 3200 PONCE DE LEON BLVD 2I CORAL GABLES FL	and title if applicable. (NOTE: ID DIRECTORS DELETE ND FLOOR DELETE DELETE DELETE	Registered Agent signature req 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	quired when rek	nstating)	DATE	\ \text{Change} \ \text{Change}	Addition

14. 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 supplied 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 of 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

NATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

(305) 447-1196

R2E034 (11/98)