FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000031099 (2)**

1. Corporation Name
VENUS TOURS INC.

Principal Place of Business	Mailing Address
326 COOLIDGE STREET #3 HOLLYWOOD FL 33019	326 COOLIDGE STREET #3 HOLLYWOOD FL 33019

3. Date Incorporated or Qualified: 04/25/1994
3a. Date of Last Report: 05/31/1995

2. Principal Place of Business
21 330 N.E. 5 STREET
22 Suite, Apt. #, etc.
23 City & State: HALLANDALE FLORIDA
24 Zip: 33009 25 Country: BROWARD

2a. Mailing Address
26 330 N.E. 5 STREET
27 Suite, Apt. #, etc.
28 City & State: HALLANDALE FLORIDA
29 Zip: 33009 30 Country: BROWARD

4. FEI Number: 65-0502881 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAROCHE, RAYMOND
326 COOLIDGE STREET
#3
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

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 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 _____ (Signature, typed or printed name of registered agent and title of that officer, if any) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	LAROCHE, RAYMOND		1.2 NAME	LAROCHE RAYMOND	
STREET ADDRESS	326 COOLIDGE STREET		1.3 STREET ADDRESS	330 N.E. 5 STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33019		1.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	SD	☐ DELETE	2.1 TITLE	SD	☑ Change ☐ Addition
NAME	LAROCHE, LISA		2.2 NAME	LAROCHE LISE	
STREET ADDRESS	326 COOLIDGE STREET		2.3 STREET ADDRESS	330 N.E. 5 STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33019		2.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lise Laroche LISE LAROCHE 04/30/96 (954)456-5686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #