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

PROFIT * CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000031099

VENUS TOURS , INC.

APPOSTED TANA CELIH

07 JUN 23 PM 2: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

				1		
Principal Place of Business 330 N.E. 5 STREET Mailing Address SAME						
HAZLANDALE						
flux 10A 33009			3. Date Incorporated or Qual-fied 3a. Date of Last Report 5-1-96			
2. Principal Piace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 330 N.E. 5 STREET	57 ₂₆	S A ME		(5°050a86)	<u> </u>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.	75 Additional
22	27			a. Certificate of Status Desired		ee Required
City & State HALLANDAZE, FL	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip Country	Zip	Country		8. This corporation has liability for in	tangible tax un	der s. 199.032,
24 33009 25	29	30		Florida Statutes	Yes 🗹 No	
9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Reg	stered Agent	
RAYMOND LAROCHE		81	Name			
		82	Street Add	dress (P.O. Box Number is Not Acceptable	2)	
330 N.E. S STREET		32	Shoot Flut	and the second section is the receptable	~/	
HALLANDALE, FLOR	10A 33007	83				
,						
		84	City		FI 85	Zip Code
11. Pursuant to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	tes, the above	-named cor	rporation submits this statement for the pu	rose of chang	ing its registered
office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obl	te of Florida, Such change was a	authorized by	the corpora	ation's board of directors. I hereby accept	the appointme	nt as registered
111 1	, , , , , , , , , , , , , , , , , , ,	2 (5-4	1 +		118/97	,
SIGNATURE Signature typed or printed name of register of	ageni and title if applicable (NOT	It : Registered Age	envic	ared when reinslating	DATE	
	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	CTORS IN 12
THUE DIRECTOR	DELETE	1) TITLE			Cha	
NAME RAYMOND LA	Roche	1.2 NAME				-
STREET ADDRESS 330 N.E. 5	STROOT	1.3 STREET	ADDRESS			
CITY-ST-ZIP HALLANDALE,	FL 33009	1.4 CITY - S				
THE SECRETARY /C	A - DIRACTOR DELETE	2.1 TUTLE			Chr	age Addition
NAME LISS LACUCHE		2.2 NAME	1	6000022 -06/24/9	22132	26,2
STREET ADDRESS 330 N.E. 5	STROWY	23 518[[1	ADDRES	-06/24/9	37 0105	7011
CITY-ST-ZIP HALLANDALE,		2 4 City - 9		****16	5.00 **	**165.00
TITLE	DELETE	31 Title	1- ZIP		Cha	inge Addition
NAME	hand office	3.2 NAME				yo Addition
STREET ADDRESS		3.3 STHEET	7DJBE 66			
		3.4. CITY - S				
CITY - ST - ZIP	DELETE	4.1 TITLE	1 · Air.		☐ Cha	inge Addition
NAME	- weerst	4.7 NAME	1		L_1 V10	ngo [_] Adoltion
STREET ADDRESS		4 7 NAME 4 3 STREET	ADDOLGE			
		·				
CITY - ST - ZIP	DELETE	4 4 CHY+S	* (IF'		Cha	nge Addition
NAME	C Official	5.2 NAME			L Ulla	ngo 🗀 Audition
			appart cc	Ω		
STREET ADDRESS		53 STREET		(1./1//	11)	
CITY-SI-ZIP	DELETE	5.4 CITY - ST	· 7IP	<u>U.AIA</u> 6/23		
TILE	L.J ULLETE	6 1 111(f		1.100	Cha	nge 🔲 Addition
NAME		6 2 NAME		6123	197	
STREET ADDRESS		63 STREET		100,		
CITY - S1 - ZIP	and off Alla Cr. The Cr.	6.4 CITY - ST	-7IP			

I do hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes | 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 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 will an address.

GNATURE: LISE LARGELIBE DIRECTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECURITY

Dayling Priorice #

SIGNATURE: 4156 LAROCHE