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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| | 1996 | DIVISION OF C | CORPORATIONS | | | |
|--|---|--------------------------------------|---|--|---|-------------------------------|
| DOCU 1. Corporation | MENT # P940 | 000041972 (8) | | | | |
| VENU | Z SUPPLY, INC. | | | I AND LINDS ON THE CHEST BUBBLE NAMES NAMED NAMED | 48 10) 48 101 4(44) 1 8 | (114 488) 6 1481 1884 |
| | | | | | | |
| Principal Place | e of Business | Mailing Address | | 1 15011001 110 10111 01011 00111 | 44111 44111 41441 11414 14 | (6) 10910 101 ISB |
| 141 CRANDO STE 337 | ON BLVD. | 141 CRANDON BLVD. STE 337 | | | | |
| KEY BISCAY | YNE FL 33149 | KEY BISCAYNE FL 3314 US | 19 | 3. Date incorporated or Qualified | 3a. Date of Last | Report |
| | | | | 06/06/1994 | 08/22/19 | |
| | face of Business | 2a. Mailing Address | | 4. FEI Number 65-0495781 | | Applied For Not Applicable |
| Suite, Apt. | . п, etc. | Suite Apt. #, etc | AND | | \$8.7 | 5 Additional |
| 2 | | 27 | | 5. Certificate of Status Desired | U Fe€ | Required |
| City & Stat | te | City & State | | Election Campaign Financing Trust Fund Contribution | | 00 May Be led to Fees |
| /3 [| Country | Zip | Country | 8. This corporation has liability for | | |
| 4 | 25 | 29 | 30 | | □ No | |
| | 9. Name and Address of Cu | urrent Registered Agent | 81 Name | 10. Name and Address of New F | egistered Agent | - |
| ANTON | IINI, ALEJANDRO | | | Iress (P.O. Box Number is Not Acceptat | lo\ | |
| | RANDON BLVD. | | 82 Street Add | ress (P.O. Box number is not acceptat | ile) | |
| STE 33 | | | 83 | | | |
| KEY B | SCAYNE FL 33149 | | 84 City | <u></u> | FL B5 | Zip Code |
| 11 December | to the one forms of Sections 607. | 0502 and 607 1508. Florida Statute | s the shows named corns | oration eulemite this statement for the nu | roose of changing its | s registered office |
| or registe | ered agent, or both, in the State of | Florida, Such change was authorize | d by the corporation's boa | oration submits this statement for the purer of directors. I hereby accept the app | pintment as registere | ed agent. I am |
| SIGNATURE | wiri, and accept the doilgallons of, | Section for todas, Florida Statutes. | | | | |
| | Suprature, typical or combeditions, or registered | | E. Registered Agent signature require | | DATE | |
| 12. 101.6 | OFFICERS | S AND DIRECTORS | 13. 1 1 TITLE | ADDITIONS/CHANGES TO OFF | ICERS AND DIRECT | |
| NAMI | ANTONINI, ALEJANDRO | | 1.2 NAME | | [7] overla | , |
| STRSLEAFORESS | | E 337 | 1.3 STREET ADDRESS | | | |
| City St Zit | KEY BISCAYNE FL | | 1.4 CITY - ST - ZIF | | | |
| TILLE | ٧ | | 1.4 (111-31-20 | | | |
| NAM: | REGNAULT, JACQUELIN | ☐ DELETE | 2 1 TILE | | Chang | e 🔲 Addition |
| | | E | 2 1 TILLE 22 NAME | | Chang. | e Addition |
| | 141 CRANDON BLVD ST | E | 2 1 TILLE 2 2 NAME 2 3 STREET ADDRESS | | ☐ Chang | e 🗌 Addition |
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