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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000041972 1. Corporation Name

VENILLY CLIDDLY INC

VENUZ S	SUPPLY, INC.										
Principal Place			Mailing Address					₹e ^t			
141 CRANDON	BLVD.		141 CRANDON BLVD.					3,			
STE 337 STE 337 KEY BISCAYNE FL 33149 KEY BISCAYNE FL			KEY BISCAYNE FL 331	3149					NOT WRITE IN TH	IS SPACE	
US US								3. Date Incorporated of	or Qualifed		
								06/06/1994			
2. Principal Pl	ace of Business		2a. Mailing Address					4. FEI Number		Ap	plied For
21			26					65-0495781		No	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						S	\$8.75 A	Additional
22			27				. 5. Certifcate of Status	Desired	Fee Re	quired	
City & State			City & State					6. Election Campaign	Financing	\$5.00	May Be
23			28					Trust Fund Contribu	ution	Added to	
Zip	Cou	untry	Zip		Country	,		8. This corporation ow	es the current year I	ntangible	
24	25		29	30]			Personal Property	Гах.	Yes	□No
		dress of Current	Registered Agent		<u> </u>			10. Name and Addres	s of New Registere	d Agent	
					81	Name	Ð				
ANT	onini, alejandr	tO			L.	C+	4 A al al a a	ss (P.O. Box Number is I	Vat Assentable)	<u> </u>	
141	Crandon BLVD.				82 Street Addres			SS (P.O. BOX Number IS I	Not Acceptable)		
STE	337				83	1					
KEY	BISCAYNE FL 33	149							4.4		
					84	City			F	85 Zip (Code
11 Pursuant	to the provisions of	Sections 607 0502	and 607.1508, Florida Sta	atutes	the abovi	e-name	d cornor	ration submits this statem	ent for the nurnose	of changing its	registered
l office or re	egistered agent, or b	oth, in the State of	f Florida. Such change wa	is autho	orized by	the cor	poration	's board of directors. I he	ereby accept the app	ointment as re	gistered
agent. rai	ii iailinai witi, and	accept the congain	ons of, Section 607.0505,	гюпаа	Statutes	i.					
SIGNATURE	·				Statutes	i.	a required y	when reinstating)	OATE		
SIGNATURE	Signature, typed or printed	name of registered agent a	and title if applicable. (N		Statutes	i.	a required s	when reinstating) ADDITIONS/CHANG		AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed		and title if applicable. (N	IOTE: Reg	Statutes	i.	a required v			AND DIRECTO	PRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed	name of registered agent a	and title if applicable. (N	IOTE: Reg	gistered Ager	i.	e required v		ES TO OFFICERS	Change	
SIGNATURE 12. TITLE NAME	Signature, typed or printed PD ANTONINI, ALE.	OFFICERS AND	and title if applicable. (N	IOTE: Reg	gistered Ager 13. 1.1 TITLE 1.2 NAME	nt signature			SES TO OFFICERS	Change	
SIGNATURE 12. TITLE NAME STREET ADDRESS	PD ANTONINI, ALE. 141 CRANDON	name of registered agent and OFFICERS AND JANDRO BLVD STE 337	and title if applicable. (N	IOTE: Reg	gistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature		ADDITIONS/CHANG	ES TO OFFICERS	Change	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANTONINI, ALE 141 CRANDON KEY BISCAYNE	name of registered agent and OFFICERS AND JANDRO BLVD STE 337	and title if applicable. (N DIRECTORS DELETE	IOTE: Reg	gistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature		ADDITIONS/CHANG	SES TO OFFICERS	Change	
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD ANTONINI, ALE. 141 CRANDON KEY BISCAYNE V REGNAULT, JAC	JANDRO BLVD STE 337 FL CQUELINE	and title if applicable. (N DIRECTORS DELETE	IOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature TADORES: T-ZIP	s	ADDITIONS/CHANG	SES TO OFFICERS.	Change	☐ Addition
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CITY-ST-ZIP 14. I 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

EJANDRO ANTONINI