FILE NOW: FILING FEE AFTER MAY 1 IS $ 25.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000045186 (1)**

1. Corporation Name

VENTO SOFTWARE, INC.

Principal Place of Business	Mailing Address
~~700 NW 107TH AVENUE~~ 1525 NW 167 st. ~~SUITE 120~~ Suite 115 ~~MIAMI FL 33172~~ Miami, FL 33169 ~~US~~	~~700 NW 107TH AVENUE~~ ~~SUITE 120~~ ~~MIAMI FL 33172~~ ~~US~~ same

2. Principal Place of Business	2a. Mailing Address
21 1525 NW 167 st.	26 same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 115	27
City & State	City & State
23 Miami, FL	28
Zip / Country	Zip / Country
24 33169 / 25 USA	29 / 30

3. Date Incorporated or Qualified: 06/16/1994	3a. Date of Last Report: 03/27/1995
4. FEI Number: 65-0504690	☐ 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

MARBIN, EVAN R
48 E. FLAGLER ST.
PENTHOUSE 104
MIAMI FL 33131

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 of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BLYER, DAVID		1.2 NAME	
STREET ADDRESS	~~700 NW 107TH AVENUE, STE 120~~		1.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~ same as above		1.4 CITY-ST-ZIP	
TITLE	DVST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GOMES, JOHN		2.2 NAME	
STREET ADDRESS	~~700 NW 107TH AVENUE, STE 120~~		2.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~ same as above		2.4 CITY-ST-ZIP	
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	

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)(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 added on an attachment with an address.

SIGNATURE: John P. Gomes 4/30/96 (305)625-5554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)