FILE NOW: FILING FEE AFTER MAY 1 IS \$2	25.NN
PROFIT CORPORATION ANNUAL REPORT 1996 PLORIDA DEPARTMENT Sandra B Morth Secretary of Sta	OF STATE am . ate
DOCUMENT # P94 0000 48136	
1. Corporation Name VENTURE IMPORTED PASSUCTS, INC.	
Description of Districts Malling Address	. • .
Principal Place of Business Mailing Address 12062 (.W. 1177h CT #113	
Migmi F1. 33181	
	3. Date Incorporated or Qualified 3a. Date of Last Report 4-1-95
2. Principal Place of Business 21 287 Thick LN. 26 28 Maling Address 27 Thick	4. FEI Number Applied For
21 287 Trice LN. 26 287 Trice Suite, Apt. #, etc. Suite, Apt. #, etc.	L.N. (65-0501766 Not Applicable 5. Certificate of Status Desired \$8.75 Additional
27 27	Fee Required 6. Election Campaign Financing \$5.00 May Re
23 CRAWFURDUILLE, FLORIDA 28 CRAWFORDALLA	71. Trust Fund Contribution Added to Fees
24 3 2.32 7 25 U.S. 29 3232 30	6. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☑Yes ☐ No
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent 81 Name
LAWRENCE J. SPIEGEL 343 Almeria Avenue	82 Street Address (P.O. Box Number is Not Acceptable)
343 Almeria AVENUE	83
Corni Gnoles, Florida 33134	
·	84 City
 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. Thereby accept the appointment as registered agent. Florida Statutes 	
SIGNATURE Signature, based or point 1 mana of registrout agent and throut agent with the Modit Register.	a I Agred Signature required when reinstating. DATE
12. OFFICERS AND DIRECTORS 13	
1/15/21/21 2	TITLE Change Addition NAME
DICOLAY COLES	STREET ADDRESS
DITY-ST ZIP MARKET 14	CHY-SI ZIP
	TILE Change Addition
	NAME SIDELLADDRESS
	CITY-ST-7IP
	TITLE Change Addition
	NAME
	SIREFLADDRESS
	CITY - 51-7.P
-	NAME
I	STREET ADDRESS
D DOUGH	CITY - ST-7IP
	n Title Change Chaddition
	NAME

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 had 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 in 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 13 if changed, if or an address.

5 4 CITY - ST - ZIP

6.2 NAME 🟌 🗀 🤼

6.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6 1 TITLE

SIGNATURE:

CITY-ST-ZIP

STREET ADDITESS

TITLE

NAME

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Cotes

3-26-96

***200.00

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904-926-4279 Dayting Proces

☐ Addition