

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000069961 (8)**

1. Corporation Name

VENECIA CORPORATION



Principal Place of Business

1200 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Mailing Address

1200 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

3. Date Incorporated or Qualified **09/21/1994** 3a. Date of Last Report **04/14/1995**

2. Principal Place of Business
21 **600 West 20th Street**

2a. Mailing Address
26 **600 West 20th Street**

4. FEI Number **65-0522257** Applied For Not Applicable

22 Suite, Apt. #, etc
23 **Hialeah**

27 Suite, Apt. #, etc
28 **Hialeah**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 **Florida** 25 **U.S.A.**

29 **33010** 30 **U.S.A.**

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

GONZALEZ, NELSON
1200 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name **BRACERAS, WILFRED**
82 Street Address (P.O. Box Number is Not Acceptable) **590 WEST 20th STREET**
83
84 City **Hialeah** FL 85 Zip Code **33010**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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]

Date of Appointment of New Registered Agent

04/14/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, NELSON	
STREET ADDRESS	5000 NW 5TH ST.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	PST D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	BRACERAS, WILFRED	
13. STREET ADDRESS	590 WEST 20th STREET	
14. CITY-ST-ZIP	Hialeah, FL 33010	
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. 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)(k), 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, as changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/96

Date

Signature Plate

CR2E034 (12/95)