SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P95000018392 (7)

VENLO MOTORS, INC.

FILED Jul 23 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						OUT OUT FREAK I DIOU DIEU H	
\$971 WEST HALLANDALE BEACH BLVD. 3305 N. 36 AVE. HOLLYWOOD FL \$3023 HOLLYWOOD FL 33021					DO NOT WRIT	E IN THIS SPACE	
					3. Date Incorporated or Qualified	3a. Date of Last F	Report
					03/07/1995	<u> 01/23/1996</u>	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	 	pplied For
21 3/7 N State Rd 7 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					59-3307014		ot Applicable
22 27					5. Certificate of Status Desired	4 ****	Additional equired
City & State City & State City & State 23 Holly wood FL 28					Election Campaign Financing Trust Fund Contribution	_ ` `	May Be to Fees
Zip				у	8. This corporation owes or has p		
	0 2 1 25 29 30			Personal Property Tax due June 30. Yes No			
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
KESARY, DORI				Name			
3305 N. 36TH AVE.			82	Street Add	dress (P.O. Box Number is Not Accepta	able)	
HOLLYWOOD FL 33021			L_			······	
			83	3			
			84	City		F1 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required to					uired when reinstating)	DATE	
12.			13.		ADDITIONS/CHANGES TO OFF		_ _ i
TITLE			1.1 TITLE			L. Change	Addition
NAME	KESARY, DORI			i			
STREET ADDRESS 5971 WEST HALLANDALE BEACH BLVD.				T ADDRESS			
CITY-ST-ZIP			1.4 CITY-	ST-ZIP		Change	Addition
TITLE			2.1 THTLE	•		☐ Cuantile	E ADDITION
NAME			2.2 NAME	1			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE			2. 4 CITY 3.1 TITLE	-S1-ZIP		Change	Addition
NAME	· · · · · · · · · · · · · · · · · · ·		3.2 NAME				
STREET ADDRESS	2			T ADDRESS			-
CITY-ST-ZIP			3.4. CITY	1			
TITLE			4.1 TITLE	ψ, _ξ , ,		Change	Addition
NAME		·	4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY -	ST-ZIP			
TITLE			5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-				
14 I do bereb	by certify that the information supplied	t with this filing does not qualify.	for the ex	emotion state	ed in Section 139.07(3)(i). Florida Statut	es it turther certify that	ine l

Information indicated on this annual report or supplemental annual report is true 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.