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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90117 036 ***150.00

DOCUMENT # P95000060951

1. Corporation Name

SUCCESSFUL VENTURES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 801 ARTHUR GODFREY ROAD SUITE 600 MIAMI BEACH FL 33140		Mailing Address 801 ARTHUR GODFREY RD STE 600 MIAMI BEACH FL 33140 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24 25		29 30	
9. Name and Address of Current Registered Agent LAMONT & NEIMAN, P.A. ONE BISCAYNE TOWER SUITE 3550, TWO SOUTH BISCAYNE BOULEVARD 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	T
NAME	MILLER, ILIANA C	1.2 NAME	MILLER, ILIANA C.
STREET ADDRESS	801 ARTHUR GODFREY RD	1.3 STREET ADDRESS	3341 SW 51 ST
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE Florida 33312
TITLE	D	2.1 TITLE	D
NAME	HOUT, DOANLD	2.2 NAME	Hoot, Donald
STREET ADDRESS	801 ARTHUR GODFREY RD	2.3 STREET ADDRESS	P.O Box 421331
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	Atlanta, GA 30342-8331
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)