

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 06 1998 8:00am
Secretary of State



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

PROFIT CORPORATION
 ANNUAL REPORT
1998

DOCUMENT # **95000063688**
 1. Corporation Name
Venus Medical Service

Principal Place of Business
7821 SW 24th Ste 129 Miami FL 33155
 Mailing Address
PO Box 832134 Miami FL 33183

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7821 SW 24th Ste 129 Miami FL 33155
 2a. Mailing Address
PO Box 832134 Miami FL 33183
 22. Suite, Apt. #, etc. **129**
 27. Suite, Apt. #, etc. **Same Above**
 23. City & State **Miami FL**
 28. City & State **Same Above**
 24. Zip **33155** Country **Dade**
 29. Zip **33183** Country **Dade**

3. Date Incorporated or Qualified
 4. FEI Number **65-0605955**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Israel Moll
11605 SW 98 PL
Miami FL 33176

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 **Israel Moll (President)** DATE **1/24/98**

12. OFFICERS AND DIRECTORS

TITLE	Israel Moll (President)	DELETE <input type="checkbox"/>
NAME	Israel Moll (President)	
STREET ADDRESS	11605 SW 98 PL	
CITY-ST-ZIP	Miami FL 33176	
TITLE	Reyselda Vazquez (Vice President)	DELETE <input type="checkbox"/>
NAME	Reyselda Vazquez (Vice President)	
STREET ADDRESS	11605 SW 98 PL	
CITY-ST-ZIP	Miami FL 33176	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****150.00**

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 the attachment with an address.
 SIGNATURE: **Israel Moll** PRESIDENT **2/7/98** **305-265-2343**

CR2E034 (10/97)