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

FILED May 05 1998 8:00am **PROFIT** LUORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # P95000092808 (1) VENETRANS, INC. Principal Place of Business Mailing Address 8089 N.W. 67TH STREET 8089 N.W. 67TH STREET MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>12/01/1995</u> 2. Principal Place of Business 2a. Mailing Address Applied For 8331 NW 685T 21 65-0702944 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 \Box 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 30 Miami BADE Personal Property Tax due June 30. Yes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BELLOSO, LEOPOLDO J ternando Lean 8089 NW 67TH ST 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33166 83 8331 NW 68th 5t. 64 Pursuant to the provisions of Sections 607,0002 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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familias with additional the obligations of, Section 607,0505, Florida Statutes. dean SIGNATURE ered Agent signature required when reinstating) Signature ty Le of revisional ariest and title diamolic ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE 1 1 TITLE ☐ Change Demoso, Leopoldo BELLOSO, LEOPOLDO NAME 1.2 NAME 8331 NW 6850. 8089 N.W. 67TH STREET STREET ADDRESS 1.3 STREET ADDRESS MINU FL 33166 **MIAMI FL 33166** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE Change TITLE ternando Lean 8331 NW 6855t. 33166 NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - 7IP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELFTE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

6.4 CITY - ST - ZIP 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 eath; 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.

54 CITY-ST-ZIP

6.3 STREET ADDRESS

61 TITLE

62 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

uuunboldo Bellosa Pa

DELETE

Addition

Change