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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000010649 (7)

VENMAR INTERNATIONAL CORP.

Mailing Address Principal Place of Business 243 LANDINGS BLVD. 243 LANDINGS BLVD FORT LAUDERDALE FL 33327 FORT LAUDERDALE FL 33327-1108 3. Date Incorporated or Qualified 3a. Date of Last Report 02/02/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0637726 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\begin{array}{c}\limits \text{No}\\\ \end{array}\) No Žio Country Zip Country 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHWARTZ, RICHARD W 243 LANDINGS BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33327 83 84 City 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stgrature, typict or pricted name of registered agont and tipe if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 111; F 11 TITLE SCHWARTZ, RICHRAD W NAME 1.2 NAME 243 LANDINGS BLVD. 1.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33327 CITY - \$1 - 2(P 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAM: 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY - ST - ZIP City - St - 2iP Change DELETE ___ Addition 4.1 TITLE NAMI 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - 7(F DELETE Addition THE 6.1 TITLE NAMÉ 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. Ido 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

STREET ADDRESS

CHY-S1- 202

FILED

Apr 15 1997 8:00am

Secretary of State

96/6)