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

PROFIT CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 18 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

Principal Place of Business

DOCUMENT # P96000016612 (9)

Mailing Address

VENUS INTERNATIONAL ENTERPRISES, INC.

5151 COLLINS AVENUE 5151 COLLINS AVENUE SUITE 925 SUITE 925 DO NOT WRITE IN THIS SPACE MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 3. Date Incorporated or Qualified 02/22/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For Not Applicable 65-0642724 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 Trust Fund Contribution Added to Fees 23 Zip Country Country Zio 8. This corporation owes or has paid the current year Intagigible Personal Property Tax due June 30. Yes 24 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name UCROS, MARTHA C 5151 COLLINS AEV. Street Address (P.O. Box Number is Not Acceptable) **SUITE 925** 83 MIAMI BEACH FL 33140 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 agreet and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PD DELETE Change Addition 1 1 TITLE TITLE NAME UCROS, MARTHA C 1.2 NAME 5151 COLLINS AVE. SUITE 925 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TALE **Te**jada, Jose 2 2 NAME NAME 5151 COLLINS AVE. SUITE 925 STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL 33140 2. 4 CITY-S1-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change __ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TOTLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS 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 attractiment with an address.

under that