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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90132 047 ***150.00

DOCUMENT # P96000016612

1. Corporation Name
VENUS INTERNATIONAL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5151 COLLINS AVENUE SUITE 925 MIAMI BEACH FL 33140	5151 COLLINS AVENUE SUITE 925 MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 02/22/1996

4. FEI Number: 65-0642724 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21 2751 SOUTH OCEAN DR	26 2751 SOUTH OCEAN DR
Suite, Apt. #, etc. 22 SUITE 1706-S	Suite, Apt. #, etc. 27 SUITE 1706-S
City & State 23 HOLLYWOOD, FL	City & State 28 HOLLYWOOD, FL
Zip / Country 24 33019 25 BROWARD	Zip / Country 29 33019 30 BROWARD

9. Name and Address of Current Registered Agent

UCROS, MARTHA C
5151 COLLINS AEV.
SUITE 925
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name: UCROS, MARTHA C
82 Street Address (P.O. Box Number is Not Acceptable): 2751 SOUTH OCEAN DR
83: APT.#1706
84 City: HOLLYWOOD FL 85 Zip Code: 33019

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD UCROS, MARTHA C 5151 COLLINS AVE. SUITE 925 MIAMI BEACH FL 33140	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD UCROS, MARTHA C 2751 SOUTH OCEAN DR APT.#1706 HOLLYWOOD FL 33019	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD TEJADA, JOSE 5151 COLLINS AVE. SUITE 925 MIAMI BEACH FL 33140	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	STD TEJADA, JOSE 2751 SOUTH OCEAN DR APT.#1706 HOLLYWOOD FL 33019	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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] JOSE TEJADA TREASURER 4-29-99 (954)-922-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #