

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 19 1997 8:00am
Secretary of State

DOCUMENT # P96000098411 (7)

1. Corporation Name
EXVENCO, INC.



Principal Place of Business
**11300 N.W. 87TH COURT #156
HIALEAH GARDENS FL 33018**

Mailing Address
**11300 N.W. 87TH COURT #156
HIALEAH GARDENS FL 33018**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/05/1996** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 EXVENCO INC.	26 EXVENCO INC.	65-0727146	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 7967 NW 33 St.	27 7967 NW 33 St.	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	<input type="checkbox"/>
23 Miami - FLORIDA	28 Miami - FLORIDA	8. This corporation owes or has paid the current year Intangible	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 33122	25 USA		
29 33122	30 USA		

9. Name and Address of Current Registered Agent

VAZQUEZ, MARJORIE
11300 N.W. 87TH COURT #156
HIALEAH GARDENS FL 33018

10. Name and Address of New Registered Agent

81 Name **Vazquez, Marjorie.**
82 Street Address (P.O. Box Number is Not Acceptable)
11300 NW 87TH COURT #156
83
84 City **Hialeah Gardens FL** 85 Zip Code **33018**

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]* **MARJORIE VAZQUEZ** DATE **09-08-97**
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PDT	1.2 NAME	RIOBUENO, MARIELA
STREET ADDRESS	11300 N.W. 87TH COURT #156	1.3 STREET ADDRESS	7967 NW 33 St.
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	1.4 CITY-ST-ZIP	Miami-FL 33022
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE *[Signature]* **09-08-97** **33018**

CR2E034 (4/97)