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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTOF STATE
Sandra B. am
Secretary o
DIVISION OF COITIONS

DOCUMENT # P97000051332 (9)

1. Corporation Name
VENCAUCHOS FLORIDA CORP.

Principal Place of Business	Mailing Address
169 E FLAGLER ST STE 1527 MIAMI FL 33131	169 E FLAGLER ST STE 1527 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1997

4. FEI Number: 65-0773223 ☐ Applied For ☐ Not Applicable

5. Certificate 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 8181 NW 36th st.	26 8181 NW 36th st.
Suite, Apt. #, etc. 22 Suite 6-B	Suite, Apt. #, etc. 27 Suite 6-B
City & State 23 Miami, Florida	City & State 28 Miami, Flida
Zip 24 33166 Country 25 U.S.A.	Zip 29 33166 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

THOMPSON, DISNEY
169 E FLAGLER ST STE 1527
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 Sites.

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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MUTILLO, FRANCESCO	
STREET ADDRESS	169 E FLAGLER ST STE 1527	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	☐ DELETE
NAME	NASCA, ANTONIO D	
STREET ADDRESS	169 E FLAGLER ST STE 1527	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	☐ DELETE
NAME	NASCA, ALDO D	
STREET ADDRESS	169 E FLAGLER ST STE 1527	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TLE	P	☒ Change ☐ Addition
1.2 ME	Discenza, Francesco	
1.3 REET ADDRESS	8181 NW 36 st. Suite 6-B	
1.4 Y-ST-ZIP	Miami, FL 33166	
2.1 LE	V	☒ Change ☐ Addition
2.2 ME	Discenza, Antonio	
2.3 REET ADDRESS	8181 NW 36 st. Suite 6-B	
2.4 TY-ST-ZIP	Miami, FL 33166	
3.1 TLE	V	☒ Change ☐ Addition
3.2 ME	Discenza, Aldo	
3.3 REET ADDRESS	8181 NW 36 st. Suite 6-B	
3.4 TY-ST-ZIP	Miami, FL 33166	
4.1 TLE		☐ Change ☐ Addition
4.2 AME		
4.3 TREET ADDRESS		
4.4 TY-ST-ZIP		
5.1 TLE		☐ Change ☐ Addition
5.2 AME		
5.3 TREET ADDRESS		
5.4 ITY-ST-ZIP		
6.1 TLE		☐ Change ☐ Addition
6.2 AME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: X _____ Antonio Discenza, VP 02-24-98 (305)594-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #