07161999-90013-035-\$550.00-\$550.00 FILED ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS . 1999 DOCUMENT # P98000027483 07-16-1999 90013 035 ***550.00 **VENICE SHOP CORPORATION** Mailing Address Principal Place of Business 7326 SW 45TH ST 7326 SW 45TH ST MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/23/1998 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes the current year Zip Yes ☐ No 30 Intangible Personal Property. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ALMIR, AMIR Street Address (P.O. Box Number is Not Acceptable) 82 7326 SW 45TH ST MIAMI FL 33155 83 85 Zip Code 84 City 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 807.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicat (2/36)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. PRESIDENT 1.1 TITLE Change (V) Addition DELETE TITLE CR2E034 AMIR ALMIR NAME 5702 SW 80 3+ STREET ADDRESS 1.3 STREET ADDRESS 33143 MIAMI 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE HILE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 3.1 TITLE TITLE __ DELETE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE Change HAME 4.2 NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE SITIBE Change

CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exchiption 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 earth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears—in Block 13 if changed, occar an attachment with an address.

DELETE

5 2 NAME 5.3 STREET ADDRESS

8.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

8.3 STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Jul 16, 1999 8:00 am

Change Addition

305-266.4042