

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999

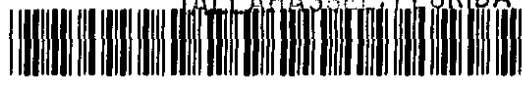


FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 DEC 20 AM 11:12

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DOCUMENT # P98000056125

1. Corporation Name  
 VENTRO AND CROSS INC.

Principal Place of Business Mailing Address  
 1050 MICHIGAN AVE #4 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 06/23/1998

4. FEI Number  
 650845492

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 the current year Intangible Personal Property.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 1 N.E. 40th St. 136 N.E. 46th St

Suite, Apt. #, etc. Suite, Apt. #, etc.  
 #3 6

City & State City & State  
 Miami, Fl. Miami, Fl.

Zip Country Zip Country  
 33137 U.S.A. 33137 USA

9. Name and Address of Current Registered Agent  
 VENTRO, PERRY J  
 1050 MICHIGAN AVE #4  
 MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent  
 81 Name Mr. Perry J. Ventro  
 82 Street Address (P.O. Box Number is Not Acceptable) 136 N.E. 46th St. #6  
 83  
 84 City MIAMI FL 85 33137

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: Perry J. Ventro (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	VENTRO, PERRY J	
STREET ADDRESS	1050 MICHIGAN AVE #4	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 PRESIDENT

1.2 NAME  
 Perry J. Ventro

1.3 STREET ADDRESS  
 136 N.E. 46th St. #6

1.4 CITY-ST-ZIP  
 MIAMI, FL 33137

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS  
 700003087517--6

3.4 CITY-ST-ZIP  
 -01/04/00--01064--001

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: Perry J. Ventro SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/19/99 Daytime Phone #: 305-576-2814