

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**  
**Jul 13, 1999 8:00 am**  
**Secretary of State**

07-13-1999 90011 002 \*\*\*150.00

DOCUMENT # **P98000082279** ✓

Corporation Name

**VENERE INTERNATIONAL, INC.**

Principal Place of Business

96 LOWERY DR.  
VIEDO FL 32765

Mailing Address

2996 LOWERY DR.  
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/21/1998**

4. FEI Number

**59-3535259**

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

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAMM, ROSEMARY**  
**2996 LOWERY DR.**  
**OVIEDO FL 32765**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

I, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. ADDRESS	<b>DIANA, GIUSEPPE</b>	1.2 NAME	
3. CITY-STATE-ZIP	<b>VIA TERMIGNONI 2, 28010</b>	1.3 STREET ADDRESS	
	<b>AMENO-NOVARA, ITALY</b>	1.4 CITY-STATE-ZIP	
4. NAME	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. ADDRESS	<b>HAMM, ROSEMARY</b>	2.2 NAME	
6. CITY-STATE-ZIP	<b>2996 LOWERY DR.</b>	2.3 STREET ADDRESS	
	<b>OVIEDO FL 32765</b>	2.4 CITY-STATE-ZIP	
7. NAME	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. ADDRESS	<b>VACARRO, VINCENZO</b>	3.2 NAME	
9. CITY-STATE-ZIP	<b>2548 DOVETAIL DR.</b>	3.3 STREET ADDRESS	
	<b>OCOOE FL 34761</b>	3.4 CITY-STATE-ZIP	
10. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. ADDRESS		4.2 NAME	
12. CITY-STATE-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-STATE-ZIP	
13. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. ADDRESS		5.2 NAME	
15. CITY-STATE-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-STATE-ZIP	
16. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. ADDRESS		6.2 NAME	
18. CITY-STATE-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-STATE-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:

**ROSEMARY HAMM**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**6/30/99**

Daytime Phone #

**407 359-6255**

CR2E034 (5/99)

P98000082279

4250 Alafaya Trail  
Suite 212-344 (Mailing Address)

2996 Lowery Drive  
Oviedo, Fl. 32765

587224-90011-2

# Venere International Inc.

June 30, 1999

Florida Department of State  
Annual Reports Filings  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Fl. 32314

Dear Sir or Madam:

Yesterday, June 29, 1999, I received, in the mail, the 1999 Profit Corporation Annual Report Packet, stamped Second (2<sup>nd</sup>) Notice. However, this is the first and only notice that I have received. If we had received this document we would have forwarded payment promptly.

Today, June 30, 1999, I immediately called the telephone number provided in the booklet. The person I spoke to was extremely courteous and helpful explaining that I should forward a brief explanation letter together with a check for \$150.00 to this address. Attached you will find our company check for \$150.00.

If you have any questions, please call me at 407-359-6255.

Thank you for your assistance.

Sincerely,



Rosemary Hamm  
Secretary/Treasurer  
RH/me

Enclosure

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