

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).

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

07-13-1999 90011 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000082279 ✓

Corporation Name
VENERE INTERNATIONAL, INC.



Principal Place of Business	Mailing Address
96 LOWERY DR. OVIEDO FL 32765	2996 LOWERY DR. OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
26		27		09/21/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
27		28		59-3535259	
City & State		City & State		5. Certificate of Status Desired	
28		29		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
25		29	30	<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property.	
Hamm, Rosemary 2996 Lowery Dr. Oviedo FL 32765				<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DE	D <input type="checkbox"/> DELETE DIANA, GIUSEPPE VIA TERMIGNONI 2, 28010 AMENO-NOVARA, ITALY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE	D <input type="checkbox"/> DELETE Hamm, Rosemary 2996 Lowery Dr. Oviedo FL 32765	1.2 NAME	
DE	D <input type="checkbox"/> DELETE VACARRO, VINCENZO 2548 DOVETAIL DR. OCOOE FL 34761	1.3 STREET ADDRESS	
DE	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
DE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE	<input type="checkbox"/> DELETE	2.2 NAME	
DE	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
DE	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
DE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE	<input type="checkbox"/> DELETE	3.2 NAME	
DE	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
DE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
DE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE	<input type="checkbox"/> DELETE	4.2 NAME	
DE	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
DE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
DE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE	<input type="checkbox"/> DELETE	5.2 NAME	
DE	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
DE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
DE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE	<input type="checkbox"/> DELETE	6.2 NAME	
DE	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
DE	<input type="checkbox"/> DELETE	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: *Rosemary Hamm Seay* SIGNATURE REQUIRED: *Rosemary Hamm Seay* 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 (2nd) 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

