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) In anno 1416 anno 1120 anno 1120 anno 1120 a	ALLA) In Airil Airi	MASSE.	H SYA	IDA
DO NOT WRITE Date Incorporated or Qualified		SPACE ate of Last	Report	
05/15/1991 FEI Number	05	/01/199		
65-0266503			Applied For Not Applicat	ble
Certificate of Status Desired			Additional Required	
Election Campaign Financing Trust Fund Contribution			May Be	
This corporation owes or has pa Personal Property Tax due June		rrent year I	ntangible	
Name and Address of New Re				\exists
O. Box Number is Not Accepta	ble)			
				_
	FI	85 Zij	o Code	
n submits this statement for the poard of directors. I hereby acce	purpose o pt the app	f changing xiintment a	its registere	ed J
reinstating)	DATE	DIDEOT	NDO IN 40	_
ADDITIONS/CHANGES TO OFFI	JERS ANI	Change		ion (
0000023 -09/23/	3 01 /97(020 1056-	0C	
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SECOND NO	OTICE: CORPORATION WILL BE ON OR BEFORE 9/17/97: \$550 (IF DI	DISSOLVED ON OR AFTER SE SSOLVED, MINIMUM AMOUNT DI	PTEMBER 17, 1 UE TO REINSTATE:	997. \$750.)		
	PROFIT RPORATION	**************************************	TMENT OF STATE	Ĕ		fine fit for
	JAL REPORT		y of State			
	1997	DIVISION OF C	ORPORATIONS			97 SEP 19 PH 12: 20
pocul	MENT # \$5250	9 (4)				Success 12 11115: 30
1. Corporatio	Name VENTURE, INC.	(),			T	SECRETARY OF STATE ALLAHASSEE, FLORIDA
P. 14.	- VENTO(IE) 1110	•			E ARRAGAN ANA NAKAN MANAK MANAK MENAK MENAK ME	ALLI ALIM BERK BIBIL BIBIL BIBIL BIBIL BIBIL
Principal Place	a of Business	Mailing Address				
649 VELARDE		3360 SW 22ND ST.		\		
CORAL GABL	ES FL 33134	STE. 2 Miami Fl 33145			DO NOT WRITE	IN THIS SPACE
		US		ţ	3. Date incorporated or Qualified	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address			05/15/1991 4. FEI Number	05/01/1996 Applied For
21		26			65-0266503	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country		Trust Fund Contribution	Added to Fees
24	25	F: 1	30		B. This corporation owes or has pa Personal Property Tax due June	30. 🗌 Yes 🔲 No
144	9. Name and Address of Curre	ent Registered Agent	81 Nan	·	10. Name and Address of New Re	gistered Agent
	inz a nilla, leopoldo jr. 12 e 17th street			···	o (D.O. Boy Number is Not Assental	vio)
	LEAH FL 33013			el Addres	s (P.O. Box Number is Not Acceptab	DIE)
			83			
			84 City			FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607 1508, Florida Statute	es, the above-nam	ed corpor	ation submits this statement for the p	purpose of changing its registered
agent I a	m familiar with, and accept the obli	igations of, Section 607.0505, Flo	rida Statutes.	orporation	Ta board of directors. Thereby decop	of the appointment as registered
SIGNATURE	Signature, typed or printed name of registerio a	igent and the if applicable (NOTE	. Rog stored Agent signa	dure required		DATE
TITLE	OFFICERS A	NO DIRECTORS DELETE	13.	1	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
NAME	MANZANILLA, LEPOLODO J	-	1.2 NAME			_ • –
STREET ADDRESS	1012 E 17TH STREET		1.3 STREET ADDRES	ss	: <u>~</u> 09/23/	3010200 /9701056003
CITY-ST-ZIP TITLE	HIALEAH FL	☐ DELETE	1.4 CITY-ST-7IP 2.1 TITLE		****16	
NAME	.4	_	2.2 NAME			
STREET ADDRESS	AI	p	2.3 STREET ADDRES	SS		
CITY-ST-ZIP TITLE	<u> </u>	eup. DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE			Change Addition
NAME		/	3.2 NAME			_ • • _ •
STREET ADDRESS			3 3 STREET ADDRES	ss		:
CUY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRES	SS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		M	Change Addition
NAME			5.2 NAME		, W	
STREET ADDRESS CITY-ST-ZIP			5 3 STHEET ADDRES	SS		1-22-01
TITLE		DETETE	617IILE		V	Change Addition
NAMÉ			6.2 NAME			
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRES	SS		
14. I do herel	by certify that the information supplied in indicated on this arround recent of	ied with this filing does not qualify	y for the exemption	n stated in	n Section 119.07(3)(i), Florida Statute ly signature shall have the same lega	s. I further certify that the
lam an o	of indicated of this artifical report of ifficer or director of the corporation in Block 12 or Block 13 if changed.	or the receiver or trusted empower	ared to execute th	is report a	s required by Chapter 607, Florida S	statules and that my name

SIGNATURE REQUIRED