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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 AM 8:57

DOCUMENT # **V43577** (8)

1. Corporation Name
VENECON, INC.

Principal Place of Business	Mailing Address
~~714 NW 62ND ST.~~ ~~MIAMI FL 33150~~ ~~US~~	~~714 NW 62ND ST.~~ ~~MIAMI FL 33150~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/12/1992**
3a. Date of Last Report: **07/08/1994**

2. Principal Place of Business	2a. Mailing Address
21 **1800 S.W. 1ST STREET**	26 **1800 S.W. 1ST STREET**
Suite, Apt. #, etc 22 **SUITE 212**	Suite, Apt. #, etc 27 **SUITE 212**
City & State 23 **MIAMI, FL**	City & State 28 **MIAMI, FL.**
Zip / Country 24 **33135** / 25 **US**	Zip / Country 29 **33135** / 30 **US**

4. FEI Number: **65-0343610** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BUSTAMANTE, OSCAR **18924 LA COSTA LANE** **BOCA RATON FL 33498**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
(Signature, typed or printed name of Registered Agent and the date of signature) (New Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	**PVST**	11 TITLE	☐ Change ☐ Addition
02 NAME	**BUSTAMANTE, OSCAR**	12 NAME	
03 STREET ADDRESS	**18924 LA COSTA LANE**	13 STREET ADDRESS	
04 CITY ST ZIP	**BOCA RATON FL**	14 CITY ST ZIP	
05 TITLE		21 TITLE	☐ Change ☐ Addition
06 NAME		22 NAME	
07 STREET ADDRESS		23 STREET ADDRESS	
08 CITY ST ZIP		24 CITY ST ZIP	
09 TITLE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY ST ZIP		34 CITY ST ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY ST ZIP		44 CITY ST ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ OSCAR BUSTAMANTE /PRES. 5/25/95 (305) 541-6080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0162745 CP