

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION  
ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT #** V50482 (1)

1. Corporation Name

HERMANOS VENEREO, INC.

Principal Place of Business

Mailing Address

498 Fisherman St.  
Opalocka, FL 33054498 Fisherman St.  
Opalocka, FL 33054

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

2a. Mailing Address

26

8758 SW 8th Street

27

Suite, Apt. #, etc.

28

Miami, Florida

29

Zip

Country

30

33174 Dade

3. Date Incorporated or Qualified

07-14-92

3a. Date of Last Report

03-28-95

4. FEI Number

65-0351701

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

VENEREO ANDRES  
498 Fisherman St.  
Opalocka, FL 33054

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME VENEREO, ANDRES  
STREET ADDRESS 267 E 11 St.  
CITY-ST-ZIP HIALEAH, FL 330101.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VD  
NAME VENEREO, SABINO  
STREET ADDRESS 367 E 02th Street  
CITY-ST-ZIP Hialeah, FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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:

X Audie Veneres  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-02-96

Date

(305) 227-2120

Daytime Phone #

SC 5-15-96