

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Jul 23 1996 8:00 am  
Secretary of State

**DOCUMENT # F95000002284 (6)**

1. Corporation Name

**VENUSIA INTERNATIONAL S.A.**



Principal Place of Business: **CALLE AQUILINO DE LA GUARDIA NO 8 PANAMA REPUBLICA DE PANAMA**  
Mailing Address: **CALLE AQUILINO DE LA GUARDIA NO 8 PANAMA REPUBLICA DE PANAMA**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified	3a. Date of Last Report
05/04/1995	
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
<b>SLOSBERGAS, NELSON</b> <b>520 BRICKELL KEY DR., #0-305</b> <b>MIAMI FL 33131</b>				81	Name			<b>Slosbergas, Nelson</b>
				82	Street Address (P.O. Box Number is Not Acceptable)			<b>501 Brickell Key Drive, Suite 400</b>
				83	City			<b>Miami</b>
				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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDC</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAZ, JULIO E</b>	1.2 NAME	
STREET ADDRESS	<b>CALLE AQUILINO DE LA GUARDIA NO 8</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>REPUBLICA DE PANAMA PANAMA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHANIS, RODRIGO A</b>	2.2 NAME	
STREET ADDRESS	<b>CALLE AQUILINO DE LA GUARDIA NO 8</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>REPUBLICA DE PANAMA PANAMA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>STD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE TRUTE, ITZKRA M</b>	3.2 NAME	
STREET ADDRESS	<b>CALLE AQUILINO DE LA GUARDIA NO 8</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>REPUBLICA DE PANAMA PANAMA</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Itzakra M. De Trute* (Itzakra De Trute) (507) 263-5555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)