SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT 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 15 AM 10:29

DOCUMENT # **N44359** **(0)**

1. Corporation Name

CAMARA UNIDA DE COMERCIO E INDUSTRIA VENEZOLANA AMERICANA INC.

Principal Place of Business	Mailing Address
1101 BRICKELL AVENUE SUITE 705 MIAMI FL 33131-3149	1101 BRICKELL AVENUE SUITE 705 MIAMI FL 33131-3149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1991
3a. Date of Last Report: 04/25/1994
4. FEI Number: 65-0241079 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 1101 Brickell Avenue 22 Suite, Apt. #, etc. Suite G-2 23 City & State: Miami, FLorida 24 Zip: 33131-3149 25 Country: USA	2a. Mailing Address 26 1101 Brickell Avenue 27 Suite, Apt. #, etc. Suite G-2 28 City & State: Miami, FLorida 29 Zip: 33131-3149 30 Country: USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCANDELLA, NORA
1101 BRICKELL AVENUE
SUITE 705
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Nora Scandella
82 Street Address (P.O. Box Number is Not Acceptable): 1101 Brickell Avenue
83: Suite G-2
84 City: Miami, Florida **FL** 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE	VP	☒ Change ☐ Addition
NAME	BORGES, FERNANDO	12 NAME	Ariel Bentata	
STREET ADDRESS	6501 N.W. 36TH STREET	13 STREET ADDRESS	200 S. Biscayne Blvd., Suite4810	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, Florida 33131	
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	LOURDES, RODRIGUEZ	22 NAME		
STREET ADDRESS	11401 S.W. 114 ST.	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	GONZALEZ, PATRICIA	32 NAME	Rafael Daryanani	
STREET ADDRESS	1300 S.W. BRICKELL AV.	33 STREET ADDRESS	3420 N.W. 20th Street	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami, Florida 33125	
TITLE	T	41 TITLE	D	☒ Change ☐ Addition
NAME	WAYNE, MARIELA	42 NAME	Gustavo Castillo	
STREET ADDRESS	1225 S.W. 87TH AVENUE	43 STREET ADDRESS	100 S.E. 2nd Street, Suite 2200	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	Miami, FLorida 33131	
TITLE	VP	51 TITLE		☐ Change ☐ Addition
NAME	ZURITA, GERSAN	52 NAME		
STREET ADDRESS	1101 BRICKELL AVE #600	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	URDANETA, JUAN VICENTE	62 NAME		
STREET ADDRESS	999 PONCE DE LEON #1015	63 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fernando Rodriguez 6-12-95 530 8968
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0007665