FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

CAMARA UNIDA DE COMERCIO E INDUSTRIA VENEZOLANA AMERICANA INC.

100001854251
-06/06/96--01106--021
***61.25

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

3. Date Incorporated or Qualified: **07/19/1991**
3a. Date of Last Report: **06/16/1995**

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

4. FEI Number: **65-0241079** ☐ 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

SCANDELLA, NORA
1101 BRICKELL AVENUE
SUITE 705
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Andreina Campin
82 Street Address (P.O. Box Number is Not Acceptable): 1101 Brickell Avenue
83: Suite 1102-A
84 City: Miami 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: [signature] May 28, 96
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	VP	☒ DELETE	11 TITLE	VP	☐ Change ☒ Addition
NAME	BORGES, FERNANDO		12 NAME	Luis Sanchez	
STREET ADDRESS	6501 N.W. 36TH STREET		13 STREET ADDRESS	19085 NW 84th CT.	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	Miami FL 33015	
TITLE	P	☐ DELETE	21 TITLE	D	☒ Change ☐ Addition
NAME	LOURDES, RODRIGUEZ		22 NAME	Lourdes Rodriguez	
STREET ADDRESS	11401 S.W. 114 ST.		23 STREET ADDRESS	11401 SW 114 ST	
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	Miami FL 33176	
TITLE	D	☒ DELETE	31 TITLE	D	☐ Change ☐ Addition
NAME	GONZALEZ, PATRICIA		32 NAME	Manuel Ramos	
STREET ADDRESS	1300 S.W. BRICKELL AV.		33 STREET ADDRESS	1101 Brickell Av Suite 1102-A	
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP	Miami FL 33131	
TITLE	T	☒ DELETE	41 TITLE	T	☐ Change ☒ Addition
NAME	WAYNE, MARIELA		42 NAME	Gustavo Castillo	
STREET ADDRESS	1225 S.W. 87TH AVENUE		43 STREET ADDRESS	100 E Flagler Av 15th floor	
CITY-ST-ZIP	MIAMI FL		44 CITY-ST-ZIP	Miami FL 33131	
TITLE	VP	☒ DELETE	51 TITLE	C	☐ Change ☒ Addition
NAME	ZURITA, GERSAN		52 NAME	Guillermo Villar	
STREET ADDRESS	1101 BRICKELL AVE #600		53 STREET ADDRESS	299 Ponce de Leon	
CITY-ST-ZIP	MIAMI FL		54 CITY-ST-ZIP	Miami FL 33134	
TITLE	D	☒ DELETE	61 TITLE	VP	☐ Change ☒ Addition
NAME	URDANETA, JUAN VICENTE		62 NAME	Ariel Bentata	
STREET ADDRESS	999 PONCE DE LEON #1015		63 STREET ADDRESS	200 S Biscayne Blvd Suite 4810	
CITY-ST-ZIP	CORAL GABLES FL		64 CITY-ST-ZIP	Miami FL 33131	

CR2E037 (12/95)

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

SIGNATURE: [signature] Gustavo Castillo — 1/25/96 — 379-7000 x306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #