SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT 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 26 AM 9:04

DOCUMENT # **854929** **(7)**

1. Corporation Name
PROGRESOS VENEZUELA, C.A.

Principal Place of Business	Mailing Address
% DONALD RAY CORKERN ROUTE A, BOX 156 MORRISTON FL 32668	% DONALD RAY CORKERN 3972 NE 19TH STREET CIRCLE OCALA FL 34470-4937 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/09/1982	10/05/1994

2. Principal Place of Business	2a. Mailing Address
21 3872 NE 19TH St Ocala	26 3872 NE 19th St. Ocala
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: OCALA, FL	28 City & State: OCALA, FL
24 Zip: 34470 25 Country: USA	29 Zip: 34470 30 Country: USA

4. FEI Number: 59-2658813 ☐ 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
CORKERN, DONALD RAY 13674 NW 70TH ST. MORRISTON FL 32668	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 3872 NE 19th Street Circle 83 84 City: OCALA FL 85 Zip Code: 34470

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: Donald R Corkern 6/20/95
Signature(s) and typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when name changed) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MORELLI, CARLOS	12 NAME	
STREET ADDRESS	APARTADO 137	13 STREET ADDRESS	
CITY ST ZIP	CIUDAD OJEDA, VENEZ.	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	WEST, GEORGE H.	22 NAME	
STREET ADDRESS	APARTADO 137	23 STREET ADDRESS	
CITY ST ZIP	CIUDAD OJEDA, VENEZ.	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	DE BRANGAT, YASMILE G	32 NAME	
STREET ADDRESS	AVE. 41 MIRANDA Y. VARGAS #57	33 STREET ADDRESS	
CITY ST ZIP	COA. OJEDA VE	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	BRINER, HANS	42 NAME	
STREET ADDRESS	AVA 9, #68-30	43 STREET ADDRESS	
CITY ST ZIP	MARACAIBO, VENEZ.	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☑ Addition
NAME		52 NAME	D DONALD R CORKERN
STREET ADDRESS		53 STREET ADDRESS	3872 NE 19 ST. Circle
CITY ST ZIP		54 CITY ST ZIP	OCALA, FL 34470
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald R Corkern 6/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D184344 FP