

05/01/2030 05:55

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Florida Department of State
Division of Corporations
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**FOREIGN PROFIT/NONPROFIT CORPORATION
FORMIMPRES, C.A. CORP**

Certificate of Status	0
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Page Count	05
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May 23, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: FORMIMPRES, C.A. CORP
REF: W12000028650

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith
Regulatory Specialist II

FAX Aud. #: H12000136831
Letter Number: 212A00015094

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#0524 P.003/008



May 31, 2012

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, INC.
Division of Corporations

SUBJECT: FORMIMPRESS, C.A. CORP
REF: W12000029901

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

A brief description of the entity's nature of business must be included in the document.

You failed to make the correction(s) requested in our previous letter.

The Certificate of Status is illegible.

A translation of the Certificate, under oath of a translator, must be attached to a Certificate which is in a language other than the English language.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

FAX Aud. #: E12000136831
Letter Number: 312A00015625

P.O BOX 6327 - Tallahassee, Florida 32314



May 30, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations
LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: FORMIMPRES, C.A. CORP
REF: W12000029579

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Certificate of Status is illegible.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H12000136831
Letter Number: 912A00015460

H12000136831

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDAIN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.1. FORMIMPRES, C.A. CORP
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

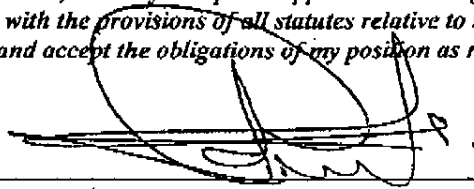
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Venezuela 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)4. 06-30-2011 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")6. 05-22-12
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)7. 2087 AUGUSTA. WESTON FL 33326
(Principal office address)Same as above

(Current mailing address)

8. _____
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: MARTIN CORRALESOffice Address: 2087 AUGUSTA
WESTON, Florida 33326
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: LUIS ALBERTO RIVASAddress: 2087 AUGUSTAWESTON FL 33326Vice Chairman: MARTIN CORRALESAddress: 2087 AUGUSTAWESTON FL 33326

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: LUIS ALBERTO RIVASAddress: 2087 AUGUSTAWESTON FL 33326Vice President: MARTIN CORRALESAddress: 2087 AUGUSTAWESTON FL 33326

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. MARTIN CORRALES

(Typed or printed name and capacity of person signing application)

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05/01/2030 05:56

#0524 P.007/008

EXPEDICION GRATUITA	FORMA S/R RIF 07 REPÚBLICA BOLIVARIANA DE VENEZUELA SENIA Sistema Nacional de Información Fiscal	REGISTRO DE INFORMACION FISCAL (RIF) CERTIFICADO DE INSCRIPCION (NUMERO DE RIF.) J-31187497-6
	APELLIDOS Y NOMBRES - NOMBRE O RAZON SOCIAL FORMIMPRES C.A	
	DIRECCION CALLE 2 DE LA INDUSTRIA EDIF CAN-AVI PISO 2 LOCAL OFIC. 1 URB INDUSTRIAL PALO VERDE ZONA POSTAL 1073	

DE CONFORMIDAD CON LO PREVISTO EN EL ARTICULO 9 DE LA PROVIDENCIA
N° 0073 DE FECHA 06/02/2006, PUBLICADA EN LA GACETA OFICIAL N° 38.389 DE
FECHA 02/03/2006, SE EXPIDE EL PRESENTE CERTIFICADO.

CUIDAD:	FECHA DE INSCRIPCION: 11/08/2009
GERENCIA REGIONAL DEL PODER POPULAR MINISTERIO DE LAS FINANZAS SECRETARIA DE LA RECEPCION	FECHA DE EXPEDICION: 04/06/2015

DOBLE ACU
F-2012-07-0041885
33 F1874978-JWX


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DE CONFORMIDAD CON LO PRECISTO EN EL ARTICULO 9 DE LA PROVISIONES
 DE LA LEY DE FISCALIDAD, PUBLICADA EN LA GACETA OFICIAL N° 38.389
 DE FECHA 03/02/2006, EL PRESENTE CERTIFICADO ES EMITIDO.

04/04/2015

04/19 PM 1:54

FILED
 SECRETARY OF STATE
 UNITED STATES OF AMERICA

REGISTRATION OF TAX INFORMATION (RIF) 		CERTIFICATE OF INSCRIPTION (RIF) J-3117497-6	
LAST NAME AND NAME - NAMES OR SOCIAL REASON: FORMIMPRES, C.A.		CITY: CARACAS	DATE OF REGISTRATION 08/13/2005
ADDRESS: BUILDING: CAN-AVI STREET: #2 DE LA INDUSTRIA CITY: INDUSTRIAL PALO VERDE ZIP CODE: 1073		REGIONAL MANAGER: CAPITAL	DATE OF EXPIRATION: 05/04/2001
		EXPIRATION DATE: 06/04/2015	
		331184976-OWX	


This CERTIFICATE OF TAX INSCRIPTION OF THE REPUBLICA BOLIVARIANA DE VENEZUELA, has been translated by Mr. Martin Corrales, American Citizen Passport #:046935401

Martin Corrales

Ana Grace Tachir

me the 19 day of June 2012

Ana Grace Tachir


 ANA GRACE TACHIR
 Notary Public - State of Florida
 My Comm. Expires Mar 9, 2014
 Commission # DD 989010