

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

30064127

DOCUMENT # L0000012650 1. Entity Name VENEZOLANA DE IMPORTACION/EXPORTACION (VENEXIM), L.L.C.		
Principal Place of Business 169 EAST FLAGLER STREET 1534 MIAMI, FL 33128		Mailing Address % SOUTH BROWARD ACCOUNTING SERVICE, INC. 1152 N UNIVERSITY DRIVE, SUITE 202 HOLLYWOOD, FL 33064
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Gloria Franco Suite, Apt. #, etc. 10723 NW 58 ST # 104 City & State MIAMI - FL Zip Country 33178 2154
4. FEI Number 65-1053437		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES
6. Name and Address of Current Registered Agent FRANCO, GLORIA 169 EAST FLAGLER STREET #1534 MIAMI, FL 33128		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent Signature Required when administering) <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>DATE</small>		
MAKE CHECK PAYABLE TO THE STATE OF FLORIDA DEPARTMENT OF REVENUE P.O. BOX 10000, TALLAHASSEE, FLORIDA 32304-0000		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MGRM FRANCO, GLORIA 169 EAST FLAGLER STREET, #1534 MIAMI, FL 33128	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.		
SIGNATURE: <i>Gloria Franco</i>		Date: 4/28/03 305-960-1112

CR2ED03 (10/02)