
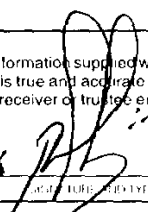


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee <b>\$ 188.75</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company <b>VENEZUELIACRAFT, L.C. 15361 S.W. 177 TER. MIAMI FL 33187</b>		<b>DOCUMENT # L96000000583</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		1a. Principal Place of Business Address <b>13306 S.W. 112 PLACE MIAMI FL 33176</b> 3. Date Organized or Qualified <b>05/20/1996</b> 3a. State of Formation <b>FL</b> 4. FET Number <b>65-0734337</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report <b>04/08/1998</b> 6. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	
7. Name and Address of Current Registered Agent <b>AMENGUAL, ROBERTO 10825 S.W. 112 AVENUE APT. #104 MIAMI FL 33176</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <b>FL</b>	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations			
SIGNATURE _____ <small>(Registered Agent Accepting Appointment)</small>		DATE _____ <small>(Filing Agent Signature)</small>	
10. Title <b>MGRM</b>	Managing Members/Managers <b>AMENGUAL, ROBERTO</b>	Business Street Address <b>10825 S.W. 112 AV. #104</b>	City, State and Zip Code <b>MIAMI FL</b>
11. I hereby certify that the information supplied with this filing 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 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 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: X 		3.6.99	305-2521409

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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