

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000060569 (9)**

1. Corporation Name  
**VENEZ TRADE INC.**



Principal Place of Business

Mailing Address

C/O RONALD GOULD  
1110 BRICKELL AVE.  
MIAMI FL 33131

C/O RONALD GOULD  
1110 BRICKELL AVE.  
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21 7420 SW 88th St

26

22 #6

27

23 Miami, FL

28

24 33156

25 Dade

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30

9. Name and Address of Current Registered Agent

GOULD, RONALD  
1110 BRICKELL AVE.  
7TH FLOOR  
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.010 and 607.1509, Florida Statutes, the above named corporation hereby certifies that the information furnished herein is true and correct and that the corporation is in compliance with the provisions of said sections. I am familiar with and accept the obligations of Sections 607.0109, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS                            | CITY, ST, ZIP  | DELETE                              |
|-------|------------------|---|----------------|-------------------------------------|
| DP    | AZAR, GEORGE     | C/O RONALD GOULD, 1110 BRICKELL AVE., 7TH | MIAMI FL 33131 | <input type="checkbox"/>            |
| PD    | CAMERON, BASIL   | 1110 BRICKELL AVE., 7TH FLOOR             | MIAMI FL 33131 | <input checked="" type="checkbox"/> |
| S     | MCKINLEY, JUDITH | 1110 BRICKELL AVE., 7TH FLOOR             | MIAMI FL 33131 | <input checked="" type="checkbox"/> |
|       |                  |   |                | <input type="checkbox"/>            |
|       |                  |   |                | <input type="checkbox"/>            |
|       |                  |   |                | <input type="checkbox"/>            |

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY, ST, ZIP | DELETE                   | Change                   | Addition                 |
|-------|------|----------------|---------------|--------------------------|--------------------------|--------------------------|
|       |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this form is true and correct. I am not a party to the exemption stated in Section 119.021(4)(a), Florida Statutes. I further certify that the information contained on this form is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or a partner or trustee of the corporation. If a corporation, the name of the corporation shall be stated and that my name appears in Block 12 or Block 13 if changed, or on an attached form with an address.

SIGNATURE: *X George Azar*  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/1/96

CR2E034 (12/95)