


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

**CORPORATION**  

**FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 03 APR 25 AM 10:07  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** P93000060569  
**1. Corporation Name**  
 VENEZ TRADE INC.

<b>2. Principal Office Address</b> 8510 Mills Drive		<b>3. Mailing Office Address</b> 8510 Mills Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami		City & State Miami	
Zip 33183	Country Miami-Dade	Zip 33183	Country Miami-Dade

**500016669295**  
 04/22/03--01052--025 \*\*\*458.75

**4. Date Incorporated or Qualified To Do Business in Florida** 8/30/93

**5. FEI Number** 65-0625892  
 Applied For:  Not Applicable:

**6. CERTIFICATE OF STATUS DESIRED**  **\$8.75 Additional Fee required for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name: George Azar

Street Address (P.O. Box Number is Not Acceptable): 8510 Mills Drive

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33183

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of Registered Agent: *George Azar* Date: 8/17/2000  
 REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	George Azar	10100 SW 59th Ave	Miami, FL 33156

*01-03 UTR TS*

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:** *George Azar* George Azar Date: 4/11/03  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (10/02)