FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000030735 (1)**

1. Corporation Name

VENCOL TRADING CORP.

Principal Place of Business	Mailing Address
1159 SW 123 AVENUE PEMBROKE PINES FL 33025	1159 SW 123 AVENUE PEMBROKE PINES FL 33025

3. Date Incorporated or Qualified: **04/19/1995**
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 15211 SW 164 st
22: Suite, Apt. #, etc.
23: City & State: Miami FLA
24: Zip: 33187
25: Country: USA

2a. Mailing Address
26: 15211 SW 164st
27: Suite, Apt. #, etc.
28: City & State: Miami FLA
29: Zip: 33187
30: Country: USA

4. FEI Number: 65-0573802 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BUITRAGO, CARLOS A
1159 SW 123 AVENUE
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name: AGICO A. LEON
82 Street Address (P.O. Box Number is Not Acceptable): 15211 SW 164 St
83:
84 City: Miami **FL** 85 Zip Code: 33197

11. Pursuant to the provisions of Sections 607.0502 and 607.150(4), Florida Statutes, the above named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] AGICO A. LEON (Print or Type Registered Agent's name) 2-11-96 DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUITRAGO, CARLOS A 1159 SW 123 AVENUE PEMBROKE PINES FL 33025	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D LEON, AGICO 15211 SW 164 st MIAMI FLA 33197	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEON, AGICO 14910 SW 156 TERRACE MIAMI FL 33187	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet, with an address.

SIGNATURE: [signature] AGICO A. LEON 2/6/96 (305) 234-7936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #