

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000034388 (4)

1. Corporation Name

VENETRANS IMPORT & EXPORT, INC.

Principal Place of Business

2970 NW 99 COURT
MIAMI FL 33172

Mailing Address

2970 NW 99 COURT
MIAMI FL 33172-1090

3. Date Incorporated or Qualified

04/19/1996

3a. Date of Last Report

2. Principal Place of Business

21 8334 NW 68 Street

2a. Mailing Address

26 8334 NW 68 St

4. FEI Number

65-0659273

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

City & State

23 Miami

City & State

28 Miami

Zip

24 FL

Country

25 33166

Zip

29 FL

Country

30 33166

9. Name and Address of Current Registered Agent

ABRAMSON, EDWARD J
7270 NW 12 STREET SUITE 580
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

Alvaro Acosta

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

5248 NW 103 Avenue

83

84 City

Miami

FL

85 Zip Code

33178

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ACOSTA, ALVARO	
STREET ADDRESS	2970 NW 99 COURT	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PIETROSEMOLI, CARLOS	
STREET ADDRESS	2970 NW 99 COURT	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	BLANCO, GONZALO	
STREET ADDRESS	2970 NW 99 COURT	
CITY-ST-ZIP	MIAMI FL 33172	

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	5248 NW 103 Avenue
14 CITY-ST-ZIP	Miami FL 33178

21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	

31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	5248 NW 103 Avenue
34 CITY-ST-ZIP	Miami, FL 33178

41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	

51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	

61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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 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 attachment with an address.

CR2E034 (9/96)