

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90198 037 ***150.00

DOCUMENT # P97000071048

1. Corporation Name

VENEZUELA TRADING COMPANY

Principal Place of Business

1063 SHAWNDA LANE
KISSIMMEE FL 34744

Mailing Address

1063 SHAWNDA LANE
KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1997

4. FEI Number

59-3467504

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 owes the current year Intangible

Personal Property Tax.

Yes

No

2. Principal Place of Business

21 7111 Grand National Drive

2a. Mailing Address

26 7111 Grand National Drive

Suite, Apt. #, etc.

22 Suite 105

City & State

23 Orlando, FL

Suite, Apt. #, etc.

27 Suite 105

City & State

28 Orlando, FL

Zip

24 32819

Country

25 Orange

Zip

29 32819

Country

30 Orange

9. Name and Address of Current Registered Agent

CHONG, STEPHEN C
605 W ROBINSON ST.
SUITE 510
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name Thomas E. Doss III

82 Street Address (P.O. Box Number is Not Acceptable)
500 E. Altamonte Drive

83 Suite 200

84 City Altamonte Springs

FL

85 Zip Code
32701

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

Thomas E. Doss III

4/23/99

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 D ☐ DELETE

NAME SEGURA, ALI
STREET ADDRESS 1063 SHAWNDA LANE
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE D ☒ DELETE

NAME SEGURA, BAHIA
STREET ADDRESS 1063 SHAWNDA LANE
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Segura, Ali
1.3 STREET ADDRESS 7111 Grand National Drive, Suite 105
1.4 CITY-ST-ZIP Orlando, FL 32819

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Altavilla, Nelson
2.3 STREET ADDRESS 7111 Grand National Drive, Suite 105
2.4 CITY-ST-ZIP Orlando, FL 32819

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: * Ali Segura

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/99

Date

407.354.1154

Daytime Phone #

CR2E034 (11/98)