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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **681985** **(8)**

1. Corporation Name

ZEMENO, INC.

Principal Place of Business	Mailing Address
~~290 174TH ST APT 2210~~ ~~C/O SIEMPON ELEFTHERIOS K~~ ~~MIAMI BEACH FL 33160~~	~~290 174TH ST APT 2210~~ ~~C/O SIEMPON ELEFTHERIOS K~~ ~~MIAMI BEACH FL 33160~~

3. Date Incorporated or Qualified: 08/13/1980
3a. Date of Last Report: 01/20/1995

2. Principal Place of Business	2a. Mailing Address
21 9560 - SW 40TH ST.	26 9560 - SW 40TH ST.
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23 Miami, FL.	City & State 28 Miami, FL.
Zip 24 33165 Country 25 DADE	Zip 29 33165 Country 30 DADE

4. FEI Number: 59-2225084 ☐ 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	10. Name and Address of New Registered Agent
~~SIEMPON, ELEFTHERIOS K~~ ~~290 174TH ST APT 2210~~ ~~MIAMI BEACH FL 33160~~	81 Name: NICOLAS KORONOTIS 82 Street Address (P.O. Box Number is Not Acceptable): 9560 - SW 40TH ST. 83 84 City: Miami, FL 33165 FL 85 Zip Code: 33165

#1. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~SIEMPON, ELEFTHERIOS K~~ ~~290 174TH ST APT 2210~~ ~~MIAMI BEACH FL~~ ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D NICOLAS KORONOTIS 9560 - SW 40TH ST. Miami, FL 33165 ☑ Change ☐ Addition PRES. DENT.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S/D JOSE J. CUE 9560 - SW 40TH ST. Miami, FL 33165 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 000001788310 -04/17/96--01017--027 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 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)(k), 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.

SIGNATURE: _____ 1/31/96.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #