

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

**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90037 021 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **J30259**

1. Corporation Name  
**ZAPATA ENTERPRISES INCORPORATED**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 % LAUTARO ZAPATA 4812 N. MANHATTAN 11821 Donlin Dr. Wellington, FL 33414  
 TAMPA FL 33614-6414 % LAUTARO ZAPATA 4812 N. MANHATTAN 11821 Donlin Dr. Wellington, FL 33414  
 TAMPA FL 33614-6414

3. Date Incorporated or Qualified  
**08/25/1986**

4. FEI Number **59-2722291** 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 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 28 Zip  
 24 Country 29 Country  
 25 30

9. Name and Address of Current Registered Agent  
**ZAPATA, LAUTARO**  
~~4812 N. MANHATTAN~~  
~~TAMPA FL~~

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
~~11821 Donlin Dr.~~  
 83  
 84 City **Wellington** FL 85 Zip Code **33414**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZAPATA, LAUTARO	
STREET ADDRESS	<del>4812 N. MANHATTAN</del>	
CITY-ST-ZIP	<del>TAMPA FL</del>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZAPATA, ANA	
STREET ADDRESS	<del>4812 N. MANHATTAN</del>	
CITY-ST-ZIP	<del>TAMPA FL</del>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ZAPATA RUDERMAN, ESTHER	
STREET ADDRESS	<del>4812 N. MANHATTAN</del>	
CITY-ST-ZIP	<del>TAMPA FL</del>	
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11821 Donlin Dr.
1.4 CITY-ST-ZIP	Wellington, FL 33414
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Same as above
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Same as above
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH-22-1999  
 Date Daytime Phone #

CR2E034 (11/98)