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Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P93000047996 (2)

Z & V CORPORATION

Principal Place of Business

1998

180 CRANDON BLVD 137 NE 107TH ST MIAMI SHORES FL 33161 DO NOT WRITE IN THIS SPACE KEY BISCAYNE FL 33149 3. Date Incorporated or Qualified US 07/08/1993 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0424112 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GAMERO, ZULMA 137 NE 107TH ST 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI SHORES FL 33161 64 City Zip Code 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 relietating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. OFFICERS AND DIRECTORS Change TITLE DELETE 1.1 TITLE PRESIDENT NAME GAMERO, ZULMA 1.2 NAME STREET ADDRESS 137 NE 107TH ST 1.3 STREET ADDRESS MIAMI SHORES FL 33161 1.4 CITY-ST-ZIP CITY-ST-7(P DELETE Change Addition Vise - President TITLE 2.1 TITLE PAUL A. GISCARD NAME 2.2 NAME STREET ADDRESS 137 NE 107 ST 2.3 STREET ADDRESS MIAMI SHORES FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition 31 TITLE Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADORESS 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 suppliemental 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 Plots 13 of Plots 14 of Plots

SIGNATURE:

102/28/98

Constitute Parameter A

FILED

Mar 19 1998 8:00am

Secretary of State