

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000049502 (6)**

1. Corporation Name

**THE ZUCCARO GROUP, INC.**



Principal Place of Business: ~~% RICARDO E. PINES, P.A. 3301 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES FL 33134~~  
Mailing Address: ~~% RICARDO E. PINES, P.A. 3301 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES FL 33134~~

2. Principal Place of Business: 21 **2503 Coral Way**, Suite, Apt. #, etc. 22 City & State: 23 **Miami, FL**, Zip: 24 **33145**, County: 25 **U.S.A.**  
2a. Mailing Address: 26 **2503 Coral Way**, Suite, Apt. #, etc. 27 City & State: 28 **Miami, FL**, Zip: 29 **33145**, County: 30 **U.S.A.**

9. Name and Address of Current Registered Agent

**PINES, RICARDO E  
3301 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES FL 33134**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 **FL**, 85 Zip Code:

3. Date Incorporated or Organized: **07/08/1993**  
3a. Date of Last Report: **03/02/1995**  
4. FEI Number: **65-0429439**  
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  
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.002 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 607.009, Florida Statutes.

SIGNATURE

*[Signature]*

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	ZUCCARO, ARNALDO	
STREET ADDRESS	<del>3301 PONCE DE LEON BLVD / STE 200</del>	
CITY - ST - ZIP	<del>CORAL GABLES FL 33134</del>	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ZUCCARO, CAMILO	
STREET ADDRESS	<del>3301 PONCE DE LEON BLVD / STE 200</del>	
CITY - ST - ZIP	<del>CORAL GABLES FL 33134</del>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZUCCARO, PAOLO	
STREET ADDRESS	<del>3301 PONCE DE LEON BLVD / STE 200</del>	
CITY - ST - ZIP	<del>CORAL GABLES 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. TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Zuccaro, Arnaldo	
3. STREET ADDRESS	2503 Coral Way	
4. CITY - ST - ZIP	Miami, FL 33145	
5. TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	Zuccaro, Camilo	
7. STREET ADDRESS	2503 Coral Way	
8. CITY - ST - ZIP	Miami, FL 33145	
9. TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	Zuccaro, Paolo	
11. STREET ADDRESS	2503 Coral Way	
12. CITY - ST - ZIP	Miami, FL 33145	
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		

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\*\*\*200.00

*[Handwritten initials]*

SIGNATURE:

*[Signature]* Arnaldo Zuccaro  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96 (305) 856 6730

CR2E034 (12/95)