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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90062 007 ***150.00

DOCUMENT #	P98000013369
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1. Corporation Name

ZENEMIL CONSULTING INC.

Principal Place of Business Mailing Address 1001 E. 24 STREET HIALEAH FL 33013 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/10/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0814383 Not Applied F Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Addition	· · · · · · · · · · · · · · · · · · ·										
HIALEAH FL 33013 HIALEAH FL 33013 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/10/1998 2. Principal Place of Business 2a. Mailing Address 2b. FEI Number 65-0814383 Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. Principal Place of Business 3. Date Incorporated or Qualified 02/10/1998 4. FEI Number 65-0814383 Not Applied F 65-0814383 Suite, Apt. #, etc. 2c. Principal Place of Business 3b. Fee Required 5c. Certificate of Status Desired Fee Required Fee Required Fee Required Fee Required Status Desired Fee Required Fee Required Status Desired Fee Required Fee Required Status Desired Fee Required Fe											
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3. Date Incorporated or Qualifed 02/10/1998 2. Principal Place of Business 2. Applied For a country Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 3. Date Incorporated or Qualifed 02/10/1998 4. FEI Number 65-0814383 Not Applied For 65-0814383 Not Applied For Fee Required Country Fee Required Country Fee Required For Fee Required Country State For Fee Required	HI	ALEAH FL 33013	HIALI	EAH FL 33013							
2. Principal Place of Business 3. Applied F 65-0814383 Sa.75 Addition Fee Required Fee Required Fee Required City & State City & Status Desired Country Fee Required Fee R								DO NOT WRITE IN THIS SPACE			
26 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Some and Address of Current Registered Agent JIMENEZ, LESTER U 1001 E. 24 STREET 100 Name and Address (P.O. Box Number is Not Acceptable)											
21 26 5-0814383 Not Application Suite, Apt. #, etc. Suite, Apt. #, etc. 22 5 5 Certifcate of Status Desired 5 S8.75 Addition Fee Required City & State 6 Election Campaign Financing 7 Fee Required City & State 7 Country 8 Trust Fund Contribution 8 Added to Fees Zip Country 2p Country 8 This corporation owes the current year Intangible Personal Property Tax.	2.	Principal Place of Business	2a.	Mailing Address				4. FEI Number Applied F	or		
Street Address (P.O. Box Number is Not Acceptable) Fee Required Fee Require		·	 1					65-0814383 Not Appli	cable		
City & State Country Country Country Country Country Country Country Country Solution Co		Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Addition	nal		
Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. X Yes No 9. Name and Address of Current Registered Agent JIMENEZ, LESTER U 1001 E. 24 STREET 28 Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. X Yes No 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	22		27					5. Certificate of Status Desired	Fee Required		
Zip Country Zip Country Street Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Trust Fund Contribution Added to Fees Added to Fees		City & State		City & State	_			6. Election Campaign Financing S5.00 May B	e		
24 25 29 30 Personal Property Tax. X Yes No 9. Name and Address of Current Registered Agent JIMENEZ, LESTER U 1001 E. 24 STREET 29 30 Personal Property Tax. X Yes No 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	23		28					Trust Fund Contribution Added to Fees	i		
24		Zip Country	7	Zip Country			8. This corporation owes the current year Intangible				
9. Name and Address of Current Registered Agent JIMENEZ, LESTER U 10. Name and Address of New Registered Agent Name 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	24	25	29	30			Personal Property Tax.				
JIMENEZ, LESTER U 1001 E. 24 STREET 82 Street Address (P.O. Box Number is Not Acceptable)						10. Name and Address of New Registered Agent					
1001 E. 24 STREET 82 Street Address (P.O. Box Number is Not Acceptable)					- ·	81	Name				
1001 E. 24 STREET	1001 E. 24 STREET					92 Street Address (D.O. Poy Number is Not Acceptable)					
HIALEAH FL 33013				oz. Street Address (P.O. Box Number is Not Acceptable)							
	HIALEAH FL 33013			83							
84 City 85 Zip Code			r		ļ.	84	City	85 Zip Code			
FL						L	<u></u>				

ruisuant 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 register 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

agent. I am familiar with, and accept the obligations of, Section 607.0505, Fiorida Statutes.								
SIGNATURE	Signature, typed or printed name of registered agent and titl	le if applicable. (NOTE:	Registered Agent signature required	1 when remstating)	DATE			
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	PD	DELETE	1.1 TITLE		☐ Change	☐ Addition		
NAME	JIMENEZ, UBALDO E		1.2 NAME					
STREET ADDRESS	ACCA E OA OTOFFT		1.3 STREET ADDRESS					
CITY-ST-ZIP	HIALEAH FL 33013		1.4 CITY-ST-ZIP					
TITLE	VPD	DELETE	2.1 TITLE		☐ Change	☐ Addition		
NAME	JIMENEZ, LESTER U		2.2 NAME					
STREET ADDRESS	1001 E. 24 STREET		2.3 STREET ADDRESS					
CITY-ST-ZIP	HIALEAH FL 33013		2. 4 CITY-ST-ZIP					
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition		
NAME	JIMENEZ, ESPERANZA C		3.2 NAME					
STREET ADDRESS	1001 E. 24 STREET		3.3 STREET ADDRESS)		
CITY-ST-ZIP-	HIALEAH FL 33013		3.4. CITY-ST-ZIP	<u></u>				
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition		
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADORESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP			_		
TITLE		☐ DELETE	5.1 TITLE		Change	Addition		
NAME			5.2 NAME			[
STREET ADDRESS	'		5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		□ DELETE .	6.1 TITLE		☐ Change	Addition		
NAME		,	6.2 NAME					
STREET ADDRESS	, ·		6.3 STREET ADDRESS					
ACT AT 100	1		64 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:

UBALDO TIMENEZ