**FILED** 

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90077 036 \*\*\*158.75

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOC	CUME	ENT #	S24	413
_				

1. Corporation	MEN   # <b>S24413</b>	ı				
SANCHE	Z-ZEINALI & ASSOCIATES,	INC.			n: 8:811 B1\$11 B1B11 <b>A19</b>	11 <b>8   8</b>   1 <b>  1   1   1</b>
Principal Place	e of Business	Mailing Address		* 10051019 (10 ) 1611 91913 BJ891 31600 1111 918	'IS BIBSI BIBIS BIBIS BIDI	11 61811 1861
1430 SOUTH MIAMI AVENUE 1430 SOUTH MIAMI AVENUE			<u> </u>			
MIAMI FL 33130-4719 43/7 MIAMI FL 33130-4719- \$			3/7			
US				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		[
		a. Mailing Address		01/11/1991 4. FEI Number	Appli	ied For
	lace of Business	2a. Mailing Address		65-0233471		Applicable
Suite, Apt.	# atc	Suite, Apt. #, etc.		00 0233471	\$8.75 Add	
22	#, etc.	27		5. Certificate of Status Desired	Fee Requ	,
City & State	e	City & State		6. Election Campaign Financing	\$5.00 M	av Be
23		28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	}
24	25	29	30	Personal Property Tax.		]No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent	
0414	OHER SENIAL DETTY		81 Name			
	CHEZ-ZEINALI, BETTY	INO	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	CHEZ-ZEINALI & ASSOCIATES, I	NU.				
	SOUTH MIAMI AVENUE		83			
MIAN	VII FL 33130		84 City		85 Zip Co	de
					▝┗▕▕▕▔▔	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute of Florida, Such change was au	s, the above-named corp	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its re pointment as regis	gistered stered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statutes.		<b></b>	
SIGNATURE			<u>.</u>			I
	Signature, typed or printed name of registered ager		Registered Agent signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		S IN 12
12.	P OFFICERS AN	ID DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
	SANCHEZ-ZEINALI, BETTY		1.2 NAME		_ ,	_
NAME	2121 S. BAYSHORE DRIVE		1.3 STREET ADDRESS			-
STREET ADDRESS	MIAMI FL 33133		1.4 City-ST-ZiP	•		
CITY-ST-ZIP	V	☐ DELETE	1.4 CITY-ST-ZIP		Change	Addition
TITLE NAME	ZEINALI. FRANK		2.2 NAME		_ ,	_
	2121 S. BAYSHORE DR		2.3 STREET ADDRESS			ł
STREET ADDRESS	MIAMI FL 33133		2.4 CITY-ST-ZIP	-	•	
CITY-ST-ZIP TITLE	MIRAWI FL 33 133	☐ DELETE	3.1 TITLE		Change	☐ Addition
		<u></u>	3.2 NAME			_ [
NAME STREET ADDRESS			3.3 STREET ADDRESS			
			3.4. CiTY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME		<del>-</del> ·	4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
			4.4 CITY-ST-ZIP			Į
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME		<b>_</b>	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			1
			63 STREET ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE: