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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V47258** **(1)**

1. Corporation Name

ZAPATA INNOVATIVE CLOSURES, INC.

Principal Place of Business	Mailing Address
FOREST ROAD HUMBOLDT INDUSTRIAL PARK HAZLETON PA 18201 US	2699 S. BAYSHORE DR. PENTHOUSE B COCONUT GROVE FL 33133

3. Date Incorporated or Qualified: **07/01/1992**
3a. Date of Last Report: **02/15/1995**

2. Principal Place of Business	2a. Mailing Address: 2601 South Bayshore Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Suite 1200
City & State	City & State: Coconut Grove, FL.
Zip / Country	Zip: 33133 / Country: USA

4. FEI Number: **65-0346249** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ZAPATA G., CLAUDIO %SIERRA VERTIENTES 370 MEXICO, D.F. MEXICO 11000	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PCD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZAPATA B., CLAUDIO %370 LOMAS DE CHAPULTEPEC MEXICO, D.F. MEXICO 11000	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZAPATA A., HERNAN %370 LOMAS DE CHAPULTEPEC MEXICO, D.F. MEXICO 11000	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIANO C., RICARDO %370 LOMAS DE CHAPULTEPEC MEXICO, D.F. MEXICO 11000	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO TORRES, RAYMOND 2699 S. BAYSHORE DR., PENTHOUSE B COCONUT GROVE FL 33133	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	O-COO 2601 South Bayshore Drive Suite 1200	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED LORENZANA, JORGE 2699 S. BAYSHORE DR., PENTHOUSE B COCONUT GROVE FL 33133	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	O-ED 2601 South Bayshore Drive Suite 1200	☒ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added, or an attachment with an address.

SIGNATURE: _____ 4/30/96 Date 3051 856-8804 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR