

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

FILED

May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V47258 (1)

1. Corporation Name
ZAPATA INNOVATIVE CLOSURES, INC.



Principal Place of Business FOREST ROAD HUMBOLDT INDUSTRIAL PARK HAZLETON PA 18201 US	Mailing Address 2601 S BAYSHORE DR SUITE 1200 COCONUT GROVE FL 33133-5413 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 07/01/1992	3a. Date of Last Report 05/01/1996
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4. FEI Number 65-0346249	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324		81. Name	10. Name and Address of New Registered Agent	
		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCD	<input type="checkbox"/> DELETE	1.1 TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZAPATA G., CLAUDIO		1.2 NAME ZAPATA G., CLAUDIO	
STREET ADDRESS %SIERRA VERTIENTES 370		1.3 STREET ADDRESS 2601 S BAYSHORE DR S-1200	
CITY-ST-ZIP MEXICO, D.F. MEXICO		1.4 CITY-ST-ZIP COCONUT GROVE FL 33133	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZAPATA B., CLAUDIO		2.2 NAME ZAPATA B., CLAUDIO	
STREET ADDRESS %370 LOMAS DE CHAPULTEPEC		2.3 STREET ADDRESS 2601 S BAYSHORE DR S-1200	
CITY-ST-ZIP MEXICO, D.F. MEXICO 11000		2.4 CITY-ST-ZIP COCONUT GROVE FL 33133	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZAPATA A., HERNAN		3.2 NAME ZAPATA A., HERNAN	
STREET ADDRESS %370 LOMAS DE CHAPULTEPEC		3.3 STREET ADDRESS 2601 S BAYSHORE DR S-1200	
CITY-ST-ZIP MEXICO, D.F. MEXICO 11000		3.4 CITY-ST-ZIP COCONUT GROVE FL 33133	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LIANO C., RICARDO		4.2 NAME LIANO C., RICARDO	
STREET ADDRESS %370 LOMAS DE CHAPULTEPEC		4.3 STREET ADDRESS 2601 S BAYSHORE DR S-1200	
CITY-ST-ZIP MEXICO, D.F. MEXICO 11000		4.4 CITY-ST-ZIP COCONUT GROVE FL 33133	
TITLE OCCO	<input type="checkbox"/> DELETE	5.1 TITLE OCCO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TORRES, RAYMOND		5.2 NAME TORRES, RAYMOND	
STREET ADDRESS 2601 S BAYSHORE DR SUITE 1200		5.3 STREET ADDRESS 2601 S BAYSHORE DR S-1200	
CITY-ST-ZIP COCONUT GROVE FL		5.4 CITY-ST-ZIP COCONUT GROVE FL 33133	
TITLE OED	<input type="checkbox"/> DELETE	6.1 TITLE OED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LORENZANA, JORGE		6.2 NAME LORENZANA, JORGE	
STREET ADDRESS 2601 S BAYSHORE DR SUITE 1200		6.3 STREET ADDRESS 2601 S BAYSHORE DR S-1200	
CITY-ST-ZIP COCONUT GROVE FL		6.4 CITY-ST-ZIP COCONUT GROVE FL 33133	

14. I do 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.

SIGNATURE: _____ DATE: **5/1/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (9/96)