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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000065555 (3)

| ZARCO & COMPANY, INC. |   |                                    |                            |                      |  |                            |
|-----------------------|---|------------------------------------|----------------------------|----------------------|--|----------------------------|
|                       |   |                                    |                            |                      | ]  | )<br>                      |
| Principal Plac        | e of Business                                   | Mailing Address                    |                            |                      |  |                            |
| 6719 MAIN S           |   | 6719 MAIN ST                       |                            |                      |  |                            |
|                       |   | MIAMI LAKES FL 33014-80            | 9008                       |                      |  |                            |
| US                    |   | US                                 |                            |                      | DO NOT WRITE IN THIS                             | SPACE                      |
|                       |   |                                    |                            |                      | 3, Date Incorporated or Qualified                |                            |
| 9 Principal P         | lace of Business                                | 2a. Mailing Address                | <del></del>                |                      | 09/21/1993<br>4. FEI Number                      | Applied For                |
| 21                    | add of Dosinoss                                 | 26                                 |                            |                      | 65-0439366                                       | Not Applicable             |
| Suite, Apt.           | #, etc.   | Suite, Apt. #, etc.                |                            |                      |  | \$8.75 Additional          |
| 22                    |   | 27                                 |                            |                      | 5. Certificate of Status Desired                 | Fee Required               |
| City & Stat           | е   | City & State                       | ·····                      |                      | 6. Election Campaign Financing                   | \$5.00 May Be              |
| 23                    |   | 26                                 |                            |                      | Trust Fund Contribution                          | Added to Fees              |
| Zip                   | Country   | Zip                                | _ Country                  |                      | 8. This corporation owes or has paid the c       | · — ·                      |
| 24                    | 25  |                                    | 30                         |                      | Personal Property Tax due June 30.               | Yes No                     |
|                       | Name and Address of Curre                       | nt Hegistered Agent                | 81                         | Name                 | 10. Name and Address of New Registered           | Agent                      |
|                       | IRCO, DARCO                                     |                                    | "                          | Ivallic              |  |                            |
|                       | 51 MAIN STREET                                  |                                    | 82                         | Street Addr          | ess (P.O. Box Number is Not Acceptable)          |                            |
| ML                    | AMI LAKES FL 33014                              |                                    | 83                         |                      |  |                            |
|                       |   |                                    |                            |                      |  |                            |
|                       |   |                                    | 84                         | City                 | F  | 85 Zip Code                |
| 11. Pursuant          | to the provisions of Sections 607.05            | 02 and 607.1508, Florida Statutes  | s, the above               | -named corp          | poration submits this statement for the nurnose  | of changing its registered |
| office or r           | egistered agent, or both, in the State          | e of Florida, Such change was au   | thorized by                | the corporat         | ion's board of directors. I hereby accept the ap | pointment as registered    |
|                       | Mint ROM  | DAVID ZARCO, F                     |                            |                      | 1 De 11 20                                       | 2 1000                     |
| SIGNATURE             | Stortu tyles and signification of regioneral He | post and file if applicable (NOTE) | Registered Age             | nt signature require | APRIL 20 ed when reinstaling)  DATE              | 71910                      |
| 12.                   |   | ID DIRECTORS                       | 13.                        |                      | ADDITIONS/CHANGES TO OFFICERS AN                 |                            |
| TITLE                 | DPS (   | ☐ DELE <b>te</b>                   | 1.1 TITLE                  |                      |  | ☐ Change ☐ Addition        |
| NAME                  | ZARCO, DAVID                                    |                                    | 1.2 NAME                   |                      |  |                            |
| STREET ADDRESS        | 6719 MAIN ST                                    | /                                  | 1.3 STREET                 | ADDRESS              |  |                            |
| CITY-ST-ZIP           | MIAMI LAKES FL 33014                            |                                    | 1.4 CITY - \$1             | I - ZIP              |  |                            |
| TITLE                 | DVT   | ☐ DELET <b>É</b>                   | 2.1 TITLE                  |                      |  | Change Addition            |
| NAME                  | ZARCO, NANCY                                    |                                    |                            |                      |  |                            |
| STREET ADDRESS        | AMARIN LAUPO PL 230//L                          |                                    | 2.3 STREET                 | 1                    |  |                            |
| CITY-ST-ZIP           |   |                                    | 2. 4 CITY - S<br>3.1 TITLE | T-ZIP                |  | Change Addition            |
| TITLE<br>NAME         |   | 3.11                               |                            | }                    |  |                            |
| STREET ADDRESS        |   |                                    | 3.3 STREET                 |                      |  |                            |
| CITY-ST-ZIP           |   |                                    | 3.4. CITY - S              |                      |  |                            |
| TITLE                 |   | DELETE                             | 4.1 TITLE                  | . 411                |  | Change Addition            |
| NAME                  |   |                                    | 4. 2 NAME                  |                      |  |                            |
| STREET ADDRESS        |   |                                    | 4.3 STREET                 | ADDRESS              |  |                            |
| CITY-ST-ZIP           |   |                                    | 4.4 CITY - ST              |                      |  |                            |
| TITLE                 |   | DELETE                             | 5.1 TITLE                  |                      |  | Change Addition            |
| NAME                  |   |                                    | 5.2 NAME                   |                      |  |                            |
| STREET ADDRESS        |   |                                    | 5.3 STREET                 | ADDRESS              |  |                            |
| CITY-ST-ZIP           |   |                                    | 5.4 CITY-ST                | r-ZIP                |  |                            |
| TITLE                 |   | ☐ DELET <b>E</b>                   | 6.1 TITLE                  |                      |  | Change Addition            |
| NAME                  |   |                                    | 6.2 NAME                   |                      |  |                            |
| STREET ADDRESS        |   |                                    | 6.3 STREET                 | ADDRESS              |  |                            |
| CITY-ST-ZIP           |   |                                    | 6.4 City-St                | r-zip                |  |                            |

14. Thereby 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 of the receiver or dryslee 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, of the analysis of the corporation of the corporation of the receiver or dryslee 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.