FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 215610 **(7)**

1. Corporation Name
ZAGAMI MARKET, INC.

Principal Place of Business	Mailing Address
ANTONIO ZAGAMI JR 2326 SW 1ST ST MIAMI 35 FL 33135	ANTONIO ZAGAMI JR 2326 SW 1ST ST MIAMI 35 FL 33135-1515

3. Date Incorporated or Qualified	3a. Date of Last Report
09/20/1958	02/15/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-0639004	Not Applicable

Suite, Apt #, etc.	Suite, Apt #, etc.	
22	27	5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State	City & State	
23	28	6. Election Campaign Financing Trust Fund Contribution ☐ • **$5.00** May Be Added to Fees

Zip	Country	Zip	Country	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ZAGAMI,ANTONIO
2326 SW 1ST ST
MIAMI FL 33135

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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **DV** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **ZAGAMI,ANTONIO, JR.**		1.2 NAME	
STREET ADDRESS **2326 S.W. 1ST STREET**		1.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**		1.4 CITY-ST-ZIP	
TITLE **ST** ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME **ZAGAMI, GIOCONDA**		2.2 NAME	
STREET ADDRESS **2326 S.W. 1ST STREET**		2.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**		2.4 CITY-ST-ZIP	
TITLE **P** ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME **ZAGAMI ANTONIO SR**		3.2 NAME	
STREET ADDRESS **2326 S.W. 1ST STREET**		3.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
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	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: *a. Zagami*   1/4/97   305-642-7136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #