

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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 376792 (8)
1. Corporation Name
ZENEN CONSTRUCTION CORPORATION

Principal Place of Business 962 SW 13 COURT MIAMI FL 33135 US	Mailing Address 962 SW 13 COURT MIAMI FL 33135 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1043 N.W. 1344 PL Suite, Apt. #, etc.		2a. Mailing Address 26 1043 N.W. 1344 PL Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/09/1971	
22 City & State 23 MIAMI, FL Zip 24 33182 Country 25 Dade		27 City & State 28 MIAMI, FL Zip 29 33182 Country 30 Dade		4. FEI Number 59-1369830 Applied For Not Applicable	
9. Name and Address of Current Registered Agent DEARMAS, ZENEN 962 S.W. 13 COURT MIAMI FL 33135		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1043 N.W. 1344 PL 83 84 City MIAMI FL 85 Zip Code 33182		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARMAS, ZENEN	1.2 NAME	
STREET ADDRESS	962 S.W. 13 COURT 1043 N.W. 1344 PL	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33182	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARMAS, AIDA	2.2 NAME	
STREET ADDRESS	962 S.W. 13 COURT 1043 N.W. 1344 PL	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33182	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ARMAS, ZENEN, JR	3.2 NAME	
STREET ADDRESS	962 S.W. 13 COURT 8951 S.W. 4th	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33174	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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.

SIGNATURE: Zenen de Armas, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: (305) 553-5465

CR2E034 (10/97)