

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **584026** (9)

1. Corporation Name  
**Z. & M., INC.**



Principal Place of Business

**120 NE 40TH STREET  
MIAMI FL 33137**

Mailing Address

**120 NE 40TH STREET  
MIAMI FL 33137**

2. Principal Place of Business

2a. Mailing Address

21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

**FIEGLER, MARCOS  
120 NE 40TH STREET  
MIAMI FL 33137**

3. Date Incorporated or Qualified <b>07/31/1978</b>	3a. Date of Last Report <b>03/17/1995</b>
4. FEI Number <b>59-1836287</b>	Applied For Not Applicable
5. Certificate of Status Deemed <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.06 and 1109.1505, 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. Thereby accepting the appointment as registered agent, I am familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes.

SIGNATURE

Signature of the State of Florida Secretary of State

Signature of the State of Florida Secretary of State

Date

12. OFFICERS AND DIRECTORS

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	FIEGLER, MARCOS	
3. STREET ADDRESS	120 NE 40TH ST	
4. CITY-STATE-ZIP	MIAMI, FL 00000	
5. TITLE	T	<input type="checkbox"/> DELETE
6. NAME	FIEGLER, GARY	
7. STREET ADDRESS	120 NE 40TH ST	
8. CITY-STATE-ZIP	MIAMI, FL 00000	
9. TITLE	S	<input type="checkbox"/> DELETE
10. NAME	GAIL L FIEGLER	
11. STREET ADDRESS	120 NE 40 ST	
12. CITY-STATE-ZIP	MIAMI FL	
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

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)(g), Florida Statutes. I further certify that the information provided for 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 owner or trustee or partner or partner in power to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or supplemental report, with an address there.

SIGNATURE: *Gary Fiegler* **GARY FIEGLER** 3-27-96 305-576-0157  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)