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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1. Corporation Name

584026

(9)

Z. & M., INC.

## **FILED** Apr 30 1998 8:00am Secretary of State

Dringing! Dig	no al Business	Mailing Address			
Principal Place of Business  120 NE 40TH STREET MIAMI FL 33137		Mailing Address 120 NE 40TH STREET MIAMI FL 33137			
,				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 07/31/1978	
2. Principal	Place of Business	2a. Mailing Address	<del>,</del>	4. FEI Number Applied For	
21	_	26		<b>59-1836287</b> Not Applicab	
Sulte, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Section Fee Required	
City & Sta	ate	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zφ	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent	
	IEGL <b>E</b> R, MARCOS		81 Name		
	20 NE 40TH STREET HAMI FL 33137		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	FL 85 Zip Code	
11. Pursuan	it to the provisions of Sections 607.05	02 and 607.1508, Florida State	utes, the above-named of	corporation submits this statement for the purpose of changing its registere	
office or agent. I	rre <b>giste</b> red agent, or both, in the Stat am <b>fami</b> liar with, and accept the obli	te of Florida, Such change was gations of Section 607.0505, F	authorized by the corporate au	oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	·	December 1			
SIGNATURE	Signature, typed or printed name of registered a	gest and little if applicable (NC	JE: Registered Agent signature r	equired when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	☐ DELETE	1.1 TITLE	Change Addition	
NAME	FIEGLER, MARCOS		1.2 NAME		
STREET ADDRESS	120 NE 40TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP		
TITLE	Y	DELETE	2.1 TITLE	Change Addition	
NAME	FEIGLER, GARY		2.2 NAME		
STREET ADDRESS	120 NE 40TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		2.4 CITY-ST-ZIP		
TITLE	8	DELETE	3.1 TITLE	Change Addition	
NAME	GAIL L FIEGLER		3.2 NAME		
STREET ADORESS	120 NE 40 ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELET <b>E</b>	4.1 TITLE	☐ Change ☐ Addilio	
NAME			4. 2 NAME		
STREET ADDRESS	:		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
YITLE		DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS	:		5.3 STREET ADDRESS		
CITY-ST-ZIP	1		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		
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 officer of Block 12	o on this annual report or supplement of director of the corporation of the re or Block 13 if changed, or on an	tal annual report is true and accept of trustee empowered to accept the report with an accepts.	ccurate and that my sign bexecute this report as i	lature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in	