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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNU	AL REPORT Secretary of State 1997 DIVISION OF CORPORATION						NS	Secretary of State					
DOCUMENT # 644971 (4) ZELED CORPORATION													
Principal Plac	e of Business		Mai	ling Address				_	I ABBAHA BAHA BABA BABA				
C/O MARTIN WASSERMAN 2363 NORTH MERIDIAN AVE. MIAMI BEACH FL 33140			C/O 236 5	C/O MARTIN WASSERMAN 2363 NORTH MERIDIAN AVE. MIAMI BEACH FL 33140-3401									
									Date Incorporated 0/22/1979	or Qualified		of Last Ro /1996	eport
2. Principal Place of Business				2a. Mailing Address					El Number		1	~~~	plied For
21			26				····		59-1943226				t Applicable
Suite, Apt.	#, etc		h	Suite, Apt. #, etc.				5.	Certificate of Status	Desired		\$8.75 A	
City & Stat	lo		 	City & State	T-10M			6. (lection Campaign	Financing		\$5.00	May Be
23		Carata	28	2:m	Cour		······		rust Fund Contribu			Added I	
Z(p 24		Country Zip 29 30						e. This corporation has liability for intangible tax under s. 199 032, Florida Statutes ☑ Yes ☐ No					
		d Address of Cur	rent Regist	ered Agent		221		10.	Name and Addres	s of New Re	gistered Ag	jent	
	SSERMAN, M					81	Name						
2363 N MERIDIAN AVE MIAMI BEACH FL 33140							Street Add	iress (P.	Box Number is f	Not Acceptab	le)		
WILVI	MI DEMON FL	33 140			ŀ	83							
					ļ		A11					And The Co	<u> </u>
					ĺ	84	City				FL	65 Zip (700e
11. Pursuant	to the provision	s of Sections 607.	0502 and 60	7.1508, Florida Statu a. Such change was Section 607.0505, Fl	tes, the ab	ove-	named cor	poration	submits this stater	nent for the p	urpose of c	hanging its	s registered
agent. La	registered agen im familiar with,	and accept the of	late of Florida digations of,	s. Such change was Section 607.0505, Fi	orida Stati	utes.	trie corpora	anon s ex	are or directors. I	nereby accep	и ине аррон	TIVITYETI ELS	registered
SIGNATURE													<u></u>
12.	Signature, typed or ,	OFFICERS	AND DIREC	.,	TE: Registered	Agent	t signature requ		einstating) DDITIONS/CHANG	ES TO OFFIC	DATE ERS AND I	DECTOR	S (N) 12
11:LE	P	OTTIOETIO	, iiio Dirico	☐ DELETE	1,1 TIT	LE	T	^	DOMONONANO	LO TO OFFIC		Change	Addition
NAME	WASSERMA	N, MARTIN W.			1.2 NA	ME	}						
STREET ADDRESS	2363 N. ME	RIDAN AVE.			1.3 ST	reet a	DDRESS						
CITY - ST - ZIF	MIAMI BEA	CH FL	·		1.4 017	IY-ST	- ZIP						
THLE	(V			DELETE	2 1 117	LE	Į.				L	_ Change	L Addition
NAME		N, DEBORAH Z			22 NA								
STREET ADDRESS		RIDIAN AVE CH FL 33140					DDRESS						-
CHY-ST-ZIP TRLE	MIAMI DEA	JN FL 33 140	 	DELETE	2. 4 CI 3.1 TIT		- ZIP				Т	Change	Addition
NAME				Land Delice	3.2 NA						-		
STREET ADDRESS	}						JORESS						
CITY ST-ZIP					3.4. CI								
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NAMÉ					4 2 N	AME							
STREET ADDRESS	1						address)						Ì
CITY-S1-ZIF	ļ		····	Lociese	4.4 (017		- ZIP					Channe	Addition
TITLE				DELETE	5.1 TIT						Ĺ,	Change	Addition
NAME STREET ADOPESS	1				5.2 NA 5.3 ST		ADDRESS						
CITY - ST - ZIP					5.4 CIT								
TITLE	ļ			DELETE	61717		-"					Change	☐ Addition
NAME	}				62 NA							-	
STREET ADORESS	i				6.3 5	REET A	ADORESS						
	l						(l

64 CITY-ST-ZIP

14. If 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-431-83PL

Daytimo Phone #

FILED

May 07 1997 8:00am