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

**PROFIT** CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CERPORATIONS

1000

## FILED May 13, 1999 8:00 am Secretary of State

	1333	5,7,6,6,1.6.		05-13-1999 90031 015 ***150.00	
DOCUI	MENT # 681985	(8)			
	ZEMENO, INC.		·	549197 - 90031 - 15	
Principal Place	of Business	Mailing Address			
	9550 SW 40 ST	9550 SW 40 S	ידי		
	MIAMI, FL 33165			DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	$\neg$
				08/13/1980	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For	
21		26		59-2225084 Not Applicable	е
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional	
22		27		Fee Required	
City &-State		City & State	<del></del>	Trust Fund Contribution \$5.00 May Be Added to Fees	-
Zip	Country	Zìp	Country	This corporation owes the current year Intangible	$\dashv$
24	25	<b>├</b> ┐ ' ┌~	10	Personal Property Tax. X Yes No	
	Name and Address of Current			10. Name and Address of New Registered Agent	┪
			81 Name		7
	JOSE I. CUE		00 01 141	dura (D.O. Davida de la Contractiona de la Contract	
	9550 SW 40 ST		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	MIAMI, FL 33165		83		_
	MIAMI, FH 33103				_
			84 City	FL 85 Zip Code	1
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligati	f Florida. Such change was aut	horized by the corporat	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
=		$\frac{1}{2}$	acea)	1/25/00	
SIGNATURE	JOSE T CUE Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature requir	red when reinstating) 4/26/99	1:
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	$\exists \ $
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	on
NAME	JOSE I. CUE	`	1.2 NAME		;
STREET ADDRESS	9550 SW 40 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33165		1.4 CITY-ST-ZIP		_  ;
TITLE	SECRETARY	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	on   '
NAME	JOSE I. CUE		2.2 NAME		- 1
STREET ADDRESS	9550 SW 40 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33165		2.4 CITY-ST-ZIP		_
TITLE	1/2:11.2	-🖯 DELETE	3.1 TITLE -	- ☐ Change ☐ Addition	on
NAME			3.2 NAME		-
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	חכ
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		_
TITLE		☐ DELETE	51 TITLE	Change Addition	ן מנ
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<del></del>	_
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	n
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, with all other like empowered.

SIGNATURE:

JOSE T CUE, PRESIDENT 4/26/99 305 226 7534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Phone #

CR2E034 (11/98)