SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $395)

NONPROFIT CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUL -3 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 709553 (2)

1. Corporation Name
MT. ZION DEVELOPMENTS, INC.

Principal Place of Business	Mailing Address
301 N.W. 9TH STREET SUITE 600 MIAMI FL 33136	301 N.W. 9TH STREET SUITE 600 MIAMI FL 33136

3. Date Incorporated or Qualified: 09/07/1965
3a. Date of Last Report: 03/14/1994
4. FEI Number: 23-7178152 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 County 25	Zip 29 County 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KENT,DOROTHY V. 301 N.W. 9TH STREET MIAMI FL 33136	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, RALPH M. DR.	1.2 NAME	
STREET ADDRESS	301 N.W. 9TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	PETERSON, WALTER H. SR.	2.2 NAME	
STREET ADDRESS	8517 CLARIDGE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMER FL 33025	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	HOLYFIELD, NORVEL	3.2 NAME	
STREET ADDRESS	850 N. MIAMI AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33163	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	BURKE, VANESSA	4.2 NAME	
STREET ADDRESS	64 N.E. 205TH TER.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33162	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ralph M. Ross PD June 23/95 305-379-4147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE
Ralph M. Ross

0007830