FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
98 JAN 12 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709553 (2)

1. Corporation Name
MT. ZION DEVELOPMENTS, INC.

Principal Place of Business	Mailing Address
301 N.W. 9TH STREET SUITE 603 MIAMI FL 33136	301 N.W. 9TH STREET SUITE 603 MIAMI FL 33136-3315

3. Date Incorporated or Qualified: 09/07/1965
3a. Date of Last Report: 06/25/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 23-7178152 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KENT,DOROTHY V.
301 N.W. 9TH STREET
MIAMI FL 33136

10. Name and Address of New Registered Agent

81 Name: Ralph M. Ross
82 Street Address (P.O. Box Number is Not Acceptable): 501 NE. 96th Street
83
84 City: Miami FL 85 Zip Code: 33138

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: Ralph M. Ross President / Director 1/9/98
Signature, typing or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROSS, RALPH M. DR. 301 N.W. 9TH ST. MIAMI FL 33136	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PETERSON, WALTER H. SR. 8517 CLARIDGE DR. MIRAMER FL 33025	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☑ Addition Lydia Ross ED 501 NE 96th Street Miami, Florida 33138
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOLYFIELD, NORVEL 850 N. MIAMI AVE. MIAMI FL 33163	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☑ Addition William Hamilton D 5432 NW 5 Ct Miami, Florida 33147
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BURKE, VANESSA 64 N.E. 205TH TER. MIAMI FL 33162	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 900002398009--8 -01/13/98--01030--021 ****236.25 ****236.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 900002398009--8 -01/13/98--01030--022 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☑ Change ☐ Addition SC 1-12-98

REINSTATEMENT 97-98

14. I 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 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 President/Director 1/9/98

CR2E037 (9/96)