FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # F61161

(8)

1. Corporation Name

ZFRAVI	A. CORP	ORATION

Principal Place of Business

Mailing Address



rinoparrace		Mailing Address				
1602 E 7TH / TAMPA FL 33		1602 E 7TH AVE TAMPA FL 33605-0706				
				3. Date Incorporated or Qualified 01/06/1982	3a. Date of Las 04/25/1	
	ace of Business	2a. Mailing Address	N	4. FEI Number	<u></u>	Applied For
21	THE THEORY SELECT A METHOD IN THE STANDARD SELECTION OF THE SELECTION OF THE STANDARD SELECTION OF THE SELECTION		arves dr	59-2161678		Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1	.75 Additional ee Required
City & State		City & State 28 BRAW DOW	F1.	Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Zip 24	Country 25	29 33511	Country 30 U. ST	8. This corporation has liability for in Florida Statutes Yes		rs 199.032,
	9. Name and Address of (Current Registered Agent		10. Name and Address of New R	egistered Agent	
			81 Name	SAME		
1602 E 7	z, Jose Armando 7th ave Fl 33605		82 Street Add	Hess IP.O. Box Number is Not Acceptab 503 BARNES PR	e)	
			24 0			
1			84 City B.	randor	FL B5	35()
11. Pursuant t	to the provisions of Sections 60	7.0502 and 607.1508, Florida Statute	s, the above-named corpo	oration submits this statement for the pur	pose of changing	its registered office
or register familiar wit	red agent, or both, in the State of th. and accept the obligations o	of Florida. Such change was authorize of, Section 607.0505, Florida Statutes.	ed by the corporation's boa	ard of directors. I hereby accept the appo	sintment as registe	red agent. Lam
CICNIATUDE	,					
SIGNATURE	Signature, typed or printed name of register	rod agent and title if applicable (NOT	E: Registered Agent signature requir	red when reinstating!	DATE	
12.		RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI		
TITLE	PD	☐ DELETE	1, 1 TITLE		Chan	ige 🔲 Addition
NAME	ALVAREZ, JOSE		1.2 NAME			
STREET ADDRESS	3323 IVY STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		1.4 CITY - ST - ZIP			
TIFLE	VD	DEFEIE	2 1 TITLE		Chan	ige 🔲 Addition
NAME	ALVAREZ GLADYS		2 2 NAME			
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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)(k). 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:

ONE ALVAREZ PRESIDENT

4/14/90

(813) 689-1041