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

F9400002558 (4)

DOCUMENT # F9400

1. Corporation Name

ZAPATA GROUP SERVICES, INC.

						_				
Principal Place of Business Mailing Address					1 1481148 1116 (811) BEST ABL!!	#4111 AGIII ABII	- 11261 \$11	a: 41121 1211 1 23 1		
2601 S BAYS	HOR DR	2601 S BAYSHORE D	R							
S-1200 COCONUT GROVE FL 33131 US		\$-1200 00000HUT 000UE EN	00101							
		COCONUT GROVE FL 33131 US				3. Date Incorporated or Qualified	3a. Date o			
						05/17/1994	08	/03/19	95	
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number		\rightarrow	Applied For	
21		26				65-0470363			Not Applicable	
Suite, Apt. #, etc		Suite, Apit. #, etc.				5. Certificate of Status Desired			Additional	
City & State		7 City & State				Fee Required 6. Election Campaign Financing \$5.00 May Be				
23		28			1	Trust Fund Contribution			U May Be d to Fees	
Zip	Country	Zip	Country			8. This corporation has liability for i	ntang ble tax	under s	199.032,	
24	25	29	30			Florida Statutes X Yes	□No			
	9. Name and Address of Current F	legistered Agent				10. Name and Address of New R	egistered A	gent		
			81	Na	ame					
	ANA, JORGE E		82	Sti	reet Addres	s (P.O. Box Number is Not Acceptab	e)			
	BAYSHORE DR			<u> </u>	,					
COCON	UT GROVE FL 33131		83							
			84	Cit	ty		F-1	85 Z	p Code	
		-100 (4000 Ft 13- 0) 13		<u> </u>		an a describe this approximate for the	FL	ning its	registered office	
or registere	the provisions of Sections 607,0502 at diagent, or both, in the State of Florida i, and accept the obligations of, Section	Such change was authorize	red by the corp	orati	ed corporati ion's board	on submits mis statement for the pur of directors. Thereby accept the appo	ontment as re	ging its i egistered	l agent. I am	
SIGNATURE	·····	and the second second	OTE Fregational Age				DATE			
12.	agnative typiod or printed name of registerior agent and OFFICERS AND D		13.	1516	Periodic conference I As	ADDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12	
TITLE	PC	☐ DE≀FTÉ	1 1 TITLE		169			Change	Addition	
NAME	GOMEZ, CLAUDIO Z		1.2 NAME			ATA, CLAUDIO				
STREET ADDRESS	2601 S BAYSHORE DR S-1200)	1.3 STREE	ADOR	RESS					
CITY - ST - ZIP	COCONUT GROVE FL		1.4 CHTY - 5	ST-ZIP	,					
TITLE	SVC	[] DELFTE	2 1 THE		SD		K)	Change	☐ Addit₊on	
NAME	BAKAS, CLAUDIO Z		2.2 NAME		Z	APATA, CLAUDIO B				
STREET ADDRESS	2601 S BAYSHORE DR \$-1200)	2.3 STREE	AD/DF	RESS					
CITY - ST - ZIP	COCONUT GROVE FL		2 4 CITY - S	6F - 21F	>					
TITLE	DV	DELETE	3 1 THFLE		TĐ		X)	Change	Addition Addition	
NAME	CUENCA, RICARDO L		3.2 NAME		II	IANO, RICARDO				
STREET ADDRESS	2601 S BAYSHORE DR S-1200)	3.3 STREE		1					
C-TY - ST - ZIP	COCONUY GROVE FL TD	DELETE	34 CITY 5	1 - ZIF			Ki	Change	☐ Addition	
NAME	AKINCILAR, HERNAN Z	L. Ditter	4 1 mm:		D	4D4M4 71E677477	123	o .u .g.,		
STREET ADDRESS	2601 S BAYSHORE DR S-1200	1	4.3 STREE	r Africa		APATA, HERNAN				
CHY-ST-ZIP	COCONUT GROVE FL	•	4.4 CdY-5							
TITLE	COO	☐ DELETE	5 1 T-TLE	. 1 217		C00	X	Change	Addition	
NAME	TORRES, RAYMOND,	_	5.2 NAME			===	_			
STREET ADDRESS	2601 S BAYSHORE DR S-1200)	53 STREE	I ADDA	RESS					
CITY-ST-ZIP	COCONUT GROVE FL		5.4 C/TY-5		1					
TITLE	Ō	☐ DELETE	6 1 TITLE		0-		K	Change	☐ Addition	
NAME	LORENZA, JORGE		6.2 NAME		LOI	RENZANA, JORGE				
STREET ADDRESS	2601 S BAYSHORE DR S-1200)	63 STHEE	ADD	RESS					
CITY - ST - ZIP	COCONUT GROVE FL		6.4 CITY+1	51 - Zi-	<u>- </u>					
14. I do hereby	certify that the information supplied wit	h this filing is voluntarily fun	nished and doe	85 NO	it qualify for	the exemption stated in Section 119.	u7(3)(k), Flori	da Statu	tes. I further	

4. I do hereby certify that the information supplied with this timg is voluntarify turnshed and does not quality 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 ar mual 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 directure the corporation of the corporation of 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 thanged, or or an arrangement with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge Lorenzana

2/23/96

305/856.8804 Dayling Provide N

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