


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

019380

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90211 050 ***150.00

DOCUMENT # F95000004673

1. Corporation Name

ZAPATA INDUSTRIES, INC.



Principal Place of Business

Mailing Address

**2699 S BAYSHORE DRIVE
PENTHOUSE-B
COCONUT GROVE FL 33133**

**2699 S BAYSHORE DRIVE
PENTHOUSE-B
COCONUT GROVE FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1995

4. FEI Number

23-1650627

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAZDAY, SALOMON JR.
2699 S BAYSHORE DRIVE
PENTHOUSE-B
COCONUT GROVE FL 33133**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed 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	D	<input checked="" type="checkbox"/> DELETE
NAME	ZAPATA-GOMEZ, CLAUDIO	
STREET ADDRESS	2699 SOUTH BAYSHORE DRIVE, PENTHOUSE - B	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZAPATA-AKINCILAR, HERNAN	
STREET ADDRESS	2699 SOUTH BAYSHORE DRIVE, PENTHOUSE - B	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LIANO-CUENCA, RICARDO	
STREET ADDRESS	2699 SOUTH BAYSHORE DRIVE, PENTHOUSE - B	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	TORRES, RAYMOND	
STREET ADDRESS	2699 SOUTH BAYSHORE DRIVE, PENTHOUSE - B	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	EO	<input checked="" type="checkbox"/> DELETE
NAME	LORENZANA, JORGE	
STREET ADDRESS	2699 SOUTH BAYSHORE DRIVE, PENTHOUSE - B	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	ZAPATA-BAKAS, CLAUDIO	
STREET ADDRESS	2699 SOUTH BAYSHORE DRIVE, PENTHOUSE - B	
CITY-ST-ZIP	COCONUT GROVE FL 33133	

1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SALOMON HAZDAY JR.	
1.3 STREET ADDRESS	2699 S. BAYSHORE DRIVE PH-B	
1.4 CITY-ST-ZIP	COCONUT DRIVE, FL 33133	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Salomon Hazday Jr.

4-28-99

Date

3058568804

Daytime Phone #

CR2E034 (11/98)