Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90127 025 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



### FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# **DOCUMENT # G67540**

1. Corporation Name

THAIS-ZEUS INVESTMENTS, INC.

Principal Plac	e of Business	Mailing Address				-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	I BIBKI DIBIK BEBAL B	IBIL GIBLE IBEI
% MARIANELA ANDINO % MARIA		% MARIANELA ANDINO	RIANELA ANDINO					
4625 E. 9TH CT		4625 E. 9TH CT				DO NOT WRITE IN THIS SPACE		
HIALEAH FL 33013-2011 HIALEAH FL 33013-2011			J			3. Date Incorporated or Qualifed	3 SPACE	
						11/03/1983	•	Į
2. Principal F	Place of Business	2a. Mailing Address			···	4, FEI Number	Ap	plied For
21		26				59-2537317	<u> </u>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	dditional
22		27				5, Certificate of Status Desired	Fee Re	quired
City & Star	te	City & State				6. Election Campaign Financing	\$5.00	
23		28	<del></del>			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip		untry		8. This corporation owes the current year I		
24	25	29	30	1		Personal Property Tax.  10. Name and Address of New Registere		□No
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Maille alto Address of New Addistant	a whent	
ZAIA	AC, MANUEL							
100	S.E. 2ND ST. (2350)			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	•	}
MIAI	MI FL 33131			83				
							- I	
				84	City	F'	85   Zip C	;ode
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida St	atutes, the a	bove	-named corpo	pration submits this statement for the purpose	of changing its	registered
office or o	registered agent, or both, in the Stat im familiar with, and accept the obli	te of Florida. Such change wa pations of, Section 607,0505.	is authorize Florida Stat	d by to	the corporation	n's board of directors. I hereby accept the app	ointment as reg	jistered
~		<b>y</b>						
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (N	OTE: Registered	d Agent	t signature required	when reinstating) DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DP	☐ DELETE	1,1 TI	TLE		•	☐ Change	Addition
NAME	ANDINO, MARIANELA		1.2 N	AME				.
STREET ADDRESS			1.3 \$	TREET	ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33013		_	my-st	-ZIP	·		TT Addition
TITLE	,	☐ DELETE				<b>:</b>	☐ Change	Addition
NAME			2.2 N					· )
STREET ADDRESS			2.3 S		ADDRESS			
CITY-ST-ZIP				IKEEI		<b>.</b>	3	1
TITLE				TY-S			;	- Addition
NAME	1	~~~ □·DELETE	~ 3.1 Ti	TLE.			: Change	- Addition
STREET ADDRESS		~~ □-DELETE	3.1 TI	TLE AME	T-ZIP	- Vi	: Change	- Addition
		~~~ · ⊡·DELETE	3.1 Ti 3.2 N 3.3 S	TLE AME TREET	T-ZIP  ADDRESS		☐ Change	- Addition
CITY-ST-ZIP			3.1 Ti 3.2 N 3.3 S 3.4. C	CITY-S' TLE TLE AME TREET CITY-S'	T-ZIP  ADDRESS			
TITLE		~~~ □·DELETE	3.1 Ti 3.2 N 3.3 S 3.4 C 4.1 Ti	TLE AME TREET TREET TITE	T-ZIP  ADDRESS		Change	Addition
TITLE			3.1 Ti 3.2 N 3.3 S 3.4 C 4.1 Ti 4.2 N	CITY-S' TLE AME TREET CITY-S' TLE VAME	T-ZIP  ADDRESS T-ZIP			
MILE NAME STREET ADDRESS			3.1 Ti 32 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S	TLE. TREET TREET TREE TREET TREET TREET	ADDRESS 1- ZIP  ADDRESS ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C] DELETE	3.1 Ti 3.2 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S 4.4 Ci	TILE. TAME TREET TITY-ST TILE TAME TAME TAME TAME TREET TITY-ST	ADDRESS 1- ZIP  ADDRESS ADDRESS		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			- 3.1 Ti 3.2 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S 4.4 C	CITY-S' TLE. TREET CITY-S' TLE VAME TREET TREET TREET TREET	ADDRESS 1- ZIP  ADDRESS ADDRESS			
TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME		C] DELETE	3.1 Ti 3.2 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S 4.4 Ci 5.1 Ti 5.2 N	TLE. TREET	ADDRESS 1- ZIP  ADDRESS ADDRESS		☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		C] DELETE	3.1 Ti 32 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S 4.4 Cl 5.1 Ti 5.2 N. 5.3 S	CITY-S' TILE AME TREET TILE LAME TREET TILE AME TITLE AME TITLE	ADDRESS 1- ZIP  ADDRESS - ZIP  ADDRESS		☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ DELETE	3.1 Ti 32 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S 4.4 Ci 5.1 Ti 5.2 N 5.3 S' 5.4 Ci	CITY-S' TILE.  AME TREET TILE  AME TREET TITY-ST TILE AME TREET TITY-ST TITY-ST	ADDRESS 1- ZIP  ADDRESS - ZIP  ADDRESS		☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE		C] DELETE	3.1 Ti 32 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S 4.4 Ci 5.1 Ti 5.2 N 5.3 S' 5.4 Ci	CITY-S' TILE.  AME TREET TITY-S' TILE AME TREET TITY-ST TILE TREET TITY-ST TILE	ADDRESS 1- ZIP  ADDRESS - ZIP  ADDRESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 CI 5.1 TI 5.2 N 5.3 S' 5.4 CI 6.1 TI 6.2 N	TITLE AME TREET TITLE	ADDRESS 1- ZIP  ADDRESS - ZIP  ADDRESS		☐ Change	☐ Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
------------	--------------------------------------------------------------------

CITY-ST-ZIP