2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

G67540 DOCUMENT

Country

6. Name and Address of Current Registered Agent

1 Entity Name

ZAIAC, MANUEL

MIAMI FL 33131

100 S.E. 2ND ST. (2350)

the obligations of registered agent.



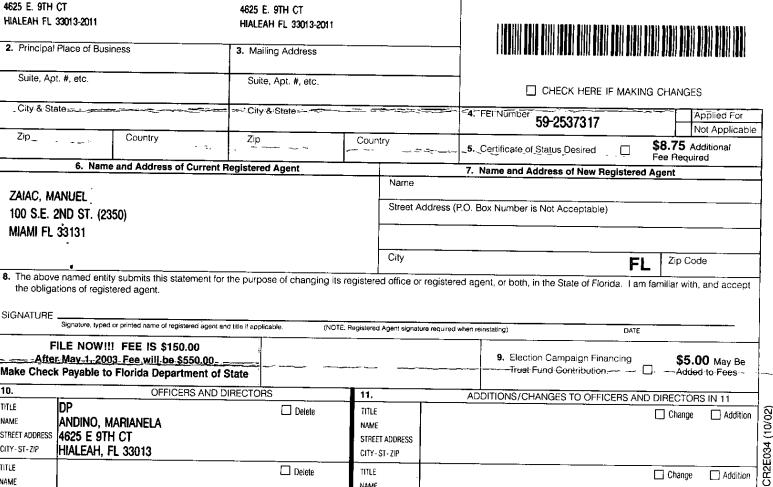
FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90063 004 ***150.00

THAIS-ZEUS INVESTMENTS, INC.			
Principal Place of Business % MARIANELA ANDINO 1625 E. 9TH CT HALEAH FL 33013-2011	Mailing Address % MARIANELA ANDINO 4625 E. 9TH CT HIALEAH FL 33013-2011		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

City & State ---

Zip



SIGNATURE	Constitution			
	Signature, typed or printed name of registered agent and title if appl	licable. (NOTE	: Registered Agent signature require	ed when reinstating) DATE
Afte	ILE NOW!!! FEE IS \$150.00 r.May-1, 2003 Fee will be \$550.00 k Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. — — Added to Fees
10.	OFFICERS AND DIRECTOR		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DP	☐ Delete	TITLE	
NAME	ANDINO, MARIANELA	_ Delete	NAME	☐ Change ☐ Addition
			STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33013		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	Shange Admini
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	
			CITY-ST-ZIP	
TITLE		Delete	TITLE	☐ Change ☐ Addition
NAME ~ Street address			NAME	·
CITY-ST-ZIP			STREET ADDRESS	
			CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS			NAME	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE				
NAME		☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS			NAME	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
12 hereby or	ertify that the information supplied with this filing d			

Country

City

Interept 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 report or supplemental 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 improvered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR