

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

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90068 040 \*\*\*150.00

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DOCUMENT # H97452

1. Corporation Name  
ZONE DEVELOPMENT CORPORATION

Principal Place of Business

11400 NW 32 AVE  
MIAMI FL 33167  
US

Mailing Address

11400 NW 32 AVE  
MIAMI FL 33167  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1986

4. FEI Number

59-2631043

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MAGRAM, HOWARD, C.P.A.  
9700 SOUTH DIXIE HIGHWAY  
SUITE 900  
MIAMI FL 33156

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME PATEL, GOVAN  
STREET ADDRESS 11400 NW 32 AVE  
CITY-ST-ZIP MIAMI FL 33167

TITLE TD ☐ DELETE

NAME PATEL, KIRAN  
STREET ADDRESS 11400 NW 32 AVE  
CITY-ST-ZIP MIAMI FL 33167

TITLE VD ☐ DELETE

NAME PATEL, ANIL  
STREET ADDRESS 11400 NW 32 AVE  
CITY-ST-ZIP MIAMI FL 33167

TITLE VD ☐ DELETE

NAME PATEL, DIPAK  
STREET ADDRESS 11400 NW 32 AVE  
CITY-ST-ZIP MIAMI FL 33167

TITLE SD ☐ DELETE

NAME PATEL, AMBU  
STREET ADDRESS 11400 NW 32 AVE  
CITY-ST-ZIP MIAMI FL 33167

TITLE ASD ☐ DELETE

NAME PATEL, VIJAY  
STREET ADDRESS 11400 NW 32 AVE  
CITY-ST-ZIP MIAMI FL 33167

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)