FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL 28 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 702995

1. Corporation Name
ZUGLOT, INC

Principal Place of Business
c/o SIMON GLOTTMANN
317 MINORCA AVE. SUITE 244
CORAL GABLES

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1986	3a. Date of Last Report: 05/25/95
4. FEI Number: 59-2742427	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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: SIMON GLOTTMANN
82 Street Address (P.O. Box Number is Not Acceptable): 317 MINORCA AVE
83: SUITE 244
84 City: CORAL GABLES FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0505 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/T	11 TITLE	P/T	☒ Change ☐ Addition
NAME	ECHEVERRI, HECTOR	12 NAME	GLOTTMANN, SIMON	
STREET ADDRESS	APARTADO AEREO 1350	13 STREET ADDRESS	317 MINORCA AVE. SUITE 244	
CITY-ST-ZIP	MEDELLIN, COLOMBIA	14 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D/V/S	21 TITLE	V/S	☒ Change ☐ Addition
NAME	ECHEVERRI, ELVIA	22 NAME	GLOTTMANN, EVA	
STREET ADDRESS	APARTADO AEREO 1350	23 STREET ADDRESS	317 MINORCA AVE. SUITE 244	
CITY-ST-ZIP	MEDELLIN, COLOMBIA	24 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP	TLS. 7/28/95	64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 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.

SIGNATURE: X SIMON GLOTTMANN X 07/10/95 X (305) 441-8779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #