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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 9:33

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # J02995

(5)

1. Corporation Name

ZUGLOT, INC.

Principal Place of Business

Mailing Address

C/O MANUEL DINER, P.A.
141 NE 3RD AVENUE SUITE 601
HALEAH FL 33132

C/O MANUEL DINER, P.A.
141 NE 3RD AVENUE SUITE 601
HALEAH FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1986

3a. Date of Last Report

06/14/1994

4. FEI Number

59-2742427

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

DINER, MANUEL
141 NE 3RD AVENUE
SUITE 601
MIAMI FL 33132

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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)

(If FEI Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	ECHEVERRI, HECTOR
STREET ADDRESS	APARTADO AEREO 1350
CITY, ST, ZIP	MEDELLIN CO
TITLE	DVS
NAME	ECHEVERRI, ELVA
STREET ADDRESS	APARTADO AEREO 1350
CITY, ST, ZIP	MEDELLIN CO
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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 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 recorder 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:

Hector Echeverri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hector Echeverri

5/10/95 (305)441-8979