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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J11580

1. Corporation Name

J & A ZEMBRON, INC.

Principal Place of Business	Mailing Address
ZEMBRON. JAN 5220 NE 33RD AVE FT LAUDERDALE FL 33308 US	ZEMBRON. JAN 5220 NE 33RD AVE FT LAUDERDALE FL 33308 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 04/28/1986

4. FEI Number: 59-2676027 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

ZEMBRON, KAN
5220 NE 33RD AVE
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: ZEMBRON JAN

82 Street Address (P.O. Box Number is Not Acceptable): 5220 N.E. 33 Rd. Ave.

83

84 City: Fort Lauderdale **FL** 85 Zip Code: 33308

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: Jan Zembron — 1-9-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	☐ DELETE	1.1 TITLE	P.S.T.	☒ Change ☐ Addition
NAME	ZEMBRON, JAN		1.2 NAME	ZEMBRON JAN	
STREET ADDRESS	721 N.W. 89TH TERR.		1.3 STREET ADDRESS	5220 N.E. 33 Ave.	
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP	Ft. Lauderdale FL. 33308	
TITLE	VP	☐ DELETE	2.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	ZEMBRON, ANDRZEY		2.2 NAME	ZEMBRON ANDRZEJ	
STREET ADDRESS	8630 SW 12 ST BOX K-4		2.3 STREET ADDRESS	8630 SW 12 St. Box K-4	
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-ST-ZIP	Pembroke Pines FL. 33025	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Jan Zembron — 1-9-99 — 305-594-1789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #