## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(4)

**FILED** May 05 1998 8:00am Secretary of State

ZION S	ERVICES CORPORATION				
Principal Plac	e of Business	Mailing Address		I IOBIDIII DIO BIRID IIIIO IOIII BIBIO TERI OFERI O	<b>   </b>
12973 SW 11		12973 SW 112 ST		·	
#109		#109			
MAIMI FL 33186		MIAMI LF 33186		DO NOT WRITE IN THIS SPACE	
US		U\$		3. Date Incorporated or Qualified	
6 0-1-1-10	No. of Co.	18-10-1		02/02/1989	
	face of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0103918	Not Applicable
22 2010, Apr.	π, <b>Θ</b> ιο.	27	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζiρ	Country	Zip	Country	8. This corporation owes or has paid the d	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registere	
INCHAUSTEGUI, CARLOS 81 Name					
111	105 SW 128 COURT		82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
MIA	MI FL 33186			· · · · · · · · · · · · · · · · · · ·	
			83		
			84 City	· · · · · · · · · · · · · · · · · · ·	■ 85 Zip Code
				F	
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.					
agent. 1 a	m familiar with, and accept the oblig	ations of, Section 607.0505	5, Florida Statutes.	and the second of checkers in the second of	ppoliticists as regional
SIGNATURE					
12.	Signature, typed or printed name of nignatured age OF FTCY RS ANI	on and title if applicable DERECTORS	(NOTE: Registered Agent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	DELETE		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	INCHAUSTEGUI, CARLOS		1.2 NAME		
STREET ADDRESS	11105 SW 128 COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP		
TITLE	WW WIN 1 & 00 100	DELETE			Change Addition
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY+ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-SY-ZIP		· · · · · · · · · · · · · · · · · · ·	3 4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SY-ZIP			4.4 CITY - ST - ZIP		
TITLE	×	☐ DELETE			Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP		Dr. FTE	5.4 CITY-ST-ZIP		Change   Addit
TITLE		L] DELETE			☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	pertify that the information supplied w	ath this filing does not avail	6.4 CITY-ST-ZIP	in Section 119 07(3)(i) Florida Statutes I (urther	cartify that the information

Indicated on this annual report or supplied with this tiling does not quality for the exemption stated in section 119.07(5)(f), Florida Statutes. Indirectoring that the informatic indicated on this annual report or supplicionential 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 postee empowered to execute this report as required by Phapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or on an attaching with an address.

(A 2.105 Trich 0.05)(2)