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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K70928 (2)

1. Corporation Name
ZAMORA PROPERTIES, INC.

Principal Place of Business

311 S.W. 27 AVE.
MIAMI FL 33135-9901

Mailing Address

311 S.W. 27 AVE.
MIAMI FL 33135-2901



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/07/1989

3a. Date of Last Report

04/18/1996

4. FEI Number

65-0111190

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

g. Name and Address of Current Registered Agent

MA ENCISO, ROSA
311 S.W. 27 AVENUE
MIAMI FL 33135

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 DP
NAME CHIARI R., RICARDO
STREET ADDRESS 311 SW 27TH AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE DV
NAME CHIARI B., JOSE RODOLFO
STREET ADDRESS 311 SW 27TH AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE DV
NAME DE PAREDES, GASPAR G.
STREET ADDRESS 311 SW 27TH AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE DS
NAME ENCISO, ROSA MA.
STREET ADDRESS 311 SW 27TH AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE T
NAME SALAZAR, MARTA
STREET ADDRESS 311 S.W. 27TH AVENUE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 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, changed or on an attachment with an address.

SIGNATURE:

Rosa Enciso
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97 (301) 644-0442

Date

Daytime Phone #

CR2E034 (9/96)