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Mar 12 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 # L00444

(4)

1. Corporate Name
FLFZ, INC.

Principal Place of Business
% STEPHEN A. FREEMAN
520 BRICKELL KEY DR. STE 305
MIAMI FL 33131

Mailing Address
% STEPHEN A. FREEMAN
520 BRICKELL KEY DR. STE 305
MIAMI FL 33131-2807



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/07/1989		3a. Date of Last Report 04/09/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0130653		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

FREEMAN, STEPHEN A.
520 BRICKELL KEY DR
SUITE 305
MIAMI FL 33131

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MORENO, MODESTO A.	12 NAME	
STREET ADDRESS	520 BRICKELL KEY DR #305	13 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	CHALHOUB, ANTONIO	22 NAME	
STREET ADDRESS	520 BRICKELL KEY DR 305	23 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	CARVALLO, PABLO	32 NAME	
STREET ADDRESS	520 BRICKELL KEY DR 305	33 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	FREEMAN, STEPHEN A.	42 NAME	
STREET ADDRESS	520 BRICKELL KEY DR #305	43 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	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		64 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-mo Phone #

[Signature] 3/5/97 305-374-3700

CR2E034 (9/96)