PROFIT CORPORATION ANNUAL REPORT 199

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

FILED
Oct 29 1998 8:00 am
Secretary of State

DOCUMENT # L50633 (4)

1. Corporation Name
C.Z., INC.

8563 CORAL WAY
MIAMI, FL. 33155

8563 CORAL WAY
MIAMI, FL. 33155

3. Date Incorporated or Qualified
3a. Date of Last Report

2. Principal Place of Business
21 SAME AS ABOVE
Suite, Apt. #, etc.
22
City & State
23
24 Zip
25 Country

2a. Mailing Address
26 SAME AS ABOVE
Suite, Apt. #, etc.
27
City & State
28
29 Zip
30 Country

4. FEI Number 65-0182618 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
CESAR ZAMORA
8563 CORAL WAY
MIAMI, FL. 33155

10. Name and Address of New Registered Agent
81 Name: LUIS AGUIAR
82 Street Address (P.O. Box Number is Not Acceptable): 8563 CORAL WAY
83
84 City: MIAMI FL
85 Zip Code: 33155

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]
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	PSD	[X] DELETE	TITLE	PSD	[ ] Change [X] Addition
NAME	CESAR ZAMORA		NAME	LUIS AGUIAR	
STREET ADDRESS	8563 CORAL WAY		STREET ADDRESS	8563 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL. 33155		CITY-ST-ZIP	MIAMI, FL. 33155	
TITLE		[ ] DELETE	TITLE		[ ] Change [ ] Addition
NAME			NAME	900002657629--9	
STREET ADDRESS			STREET ADDRESS	-10/30/98--01092--001	
CITY-ST-ZIP			CITY-ST-ZIP	*****26.25 *****26.25	
TITLE		[ ] DELETE	TITLE		[ ] Change [ ] Addition
NAME			NAME	900002657629--9	
STREET ADDRESS			STREET ADDRESS	-10/07/98--01050--017	
CITY-ST-ZIP			CITY-ST-ZIP	*****43.75 *****43.75	
TITLE		[ ] DELETE	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		[ ] DELETE	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		[ ] DELETE	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TID OCT 2 6 1998

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #