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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L53557

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90018 010 ***150.00

1. Corporation NΔII P17	n Name ZAZZ, INC.	_00001								
14/116 1 16										II BABA BUBA ABB
Drive in al Blace	o of Business		Ma	iling Address				- 10011011 601 01160 11161 11161 11161 11161	 	
Principal Place of Business Mailing Address 430 S DIXIE HWY #1 430 S DIXIE HWY #1										
COCONUT GROVE FL 33133 COCONUT GROVE FL 33133						DO NOT WRITE IN THIS SPACE				
									SPACE	——— <u> </u>
	1							3. Date Incorporated or Qualifed		
Principal Place of Business 2a. Mailing Address					_			02/28/1990 4. FEI Number		Applied For
	lace of Business		26	Walling Address				65-0175437	—	Not Applicable
Suite, Apt.	# etc		1201	Suite, Apt. #, etc.			_		60.70	
22		. با بالسلطيق	27	عابت ير -	م س ب		. se-	5. Certificate of Status Desired	Feè	Required ~
City & State	e ,		1	City & State	n			6. Election Campaign Financing	\$5.0	0 May Be
23			28					Trust Fund Contribution	Adde	d to Fees
Zip		ountry		Zip		ountry		8. This corporation owes the current year l		(T).
24	25		29		30			Personal Property Tax.	☐ Yes	□No
	9. Name and A	ddress of Current	Regist	tered Agent		81	Name	10. Name and Address of New Registere	o wäeur	
HIII	ING, DIANA									
		. •				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
430 S DIXIE HWY #1 CORAL GABLES FL 33133					83					
001	THE CANDELLO I E					00				
	•					84	City	F	L 85 Zi	p Code
11. Pursuant	to the provisions of	Sections 607.0502	and 60	07.1508, Florida Stat	utes, the	above	-named corpo	oration submits this statement for the purpose	of changing	its registered
1 AFFIAA AF 6	ranistorad appart or	hoth in the State of	r Fiona	a. Such change was Section 607.0505, F	aumonz	Zea ov	ine corporation	n's board of directors. I hereby accept the app		registored
SIGNATURE	1	•						when reinstating) DATE		
	Signature, typed or printe	d name of registered agent a								
12.							t signature required		AND DIREC	TORS IN 12
_	D	OFFICERS AND		CTORS	1	3.	s signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	
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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:

MANGRE AND TYPED OR PRINTED TRAINE OF SIGNING OFFICER OR DIRECTOR

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