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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVIDION OF CORDODATIONS

	1997	DIVISION OF	CORPORATIO	JIVO			
1. Corporation		7 (0)					
ZEUZ SI	PEAKER CORP.				 	II 31311 41511 114 14 31611	4131: 813 1: 1 83 1:
Principal Place	of Business	Mailing Address	······································			# 81811 31811 31811 318 11	PIAN PHAN ADDI
% MAHMOD BI 8113 NW 54TH MIAMI FL 3318	ST.	% MAHMOD BEHNEJAD P. O. BOX 851342 MIAMI FL 33265-1342	P. O. BOX 651342 Miami FL 33265-1342				
US		US			3. Date Incorporated or Qualified 03/26/1990	3a. Date of Le 05/01/19	
2. Principal Pl. 21	rincipal Place of Business 28. Mailing Address 26				4. FEI Number 65-0228741	Applied For Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional se Required
City & State)	City & State	City & State		6. Election Campaign Financing	\$ 5.	.00 May Be
23 Zip	Country Zip		Country	,		ion has liability for intangible tax under s. 199.032,	
24	25 9. Name and Address of Curre	29 30		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
REH	NEJAD, MAHMOD	iit tragisterad Agent	B1	Name	10, Italia and Andress of Rep. 11	- State of Agent	
8113	NW 54TH ST.		82	Street Add	Street Address (P.O. Box Number is Not Acceptable)		
MIAI	vil FL 33166		83		·		, 191
,			84	84 City FL 85 Zip Cod			Zip Code
11. Pursuant t	o the provisions of Sections 607 056	02 and 607.1508. Florida Statu	ites, the above	e-named corr	poration submits this statement for the		ing its registered
office or re	egistered agent, or both, in the State	e of Florida, Such change was	authorized by	the corpora	poration submits this statement for the tion's board of directors. I hereby acce	pt the appointmen	it as registered
	threathre, with and acceler the oblig	yalions of, section correcto, r	IOIGA Statutes	.			
SIGNATURE	Signature, typed or printed name of registered ag			ent signature raqui	red when reinstating)	DATE	
12.	OFFICERS AN	ID DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	
TITLE	BEHNEJAD, MAHMOD					LJ CIA	ilife T Woomon
NAME STREET ADDRESS	8113 NW 54TH ST.		1.2 NAME 1.3 STREET	Annocco			
CITY-ST-ZIP			1,4 CITY-S	1			
TITLE	11M MILL 1 40	DELETE	2.1 TITLE	,, - Eu	· · · · · · · · · · · · · · · · · · ·	☐ Cha	nge Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-SI-7IP				ST-ZIP			
TITLE	_		31 TITLE	1		Cha	nge Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				
CITY - ST - ZIP TITLE			3.4. CITY - : 4.1 TITLE	U1 - LIF		☐ Cha	nge Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
City St - Zili		······	4.4 CiTY - S	ST-ZIP		·····	
TITLE		☐ DELETE	5,1 TITLE			Cha	inge []] Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STAEET				
CITY - ST - ZIF		DELETE	5.4 City+5 6.1 fitle	ST-ZIP		Cha	nge Addition
TITLE NAME		FT DETECT	6.2 NAME			L., 016	
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S				
14 tota hara	y certify that the information supplie	ed with this filing does not qua	lify for the eye	motion state	d in Section 119.07(3)(i), Florida Statut	es. I further certify	that the
informatio Lam an of appears ir	ri indicated on this annual report or freer or director of the corporation on a Block 12 or Block 13 if changed, o	supplemental annual apon is or the receiver or trustee empo or on all attachment with an ac	true and acci- wered to executors.	urate and tha cute this repo	t my signature shall have the same leg as required by Chapter 607, Florida	ai effect as if mad Statutes; and that	e under oath; tha my name

SIGNATURE:

SIGNATURE AND TYPED OR AGINTED NAME OF SIGNING OFFICED OF RECTOR

Davtme Phone #

FILED

May 14 1997 8:00am

Secretary of State

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