FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L74638 (3)

1. Corporation Name

ZELAS CORPORATION

800001478968
-05/08/95--01052--019
****200.00 ****200.00

Principal Place of Business — Mailing Address

517 N. SEMORAN BLVD
ORLANDO, FL. 32807

21 Principal Place of Business — 26 Mailing Address
22 Suite, Apt. #, etc. — 27 Suite, Apt. #, etc.
23 City & State — 28 City & State
24 Zip — 25 Country — 29 Zip — 30 Country

3. Date Incorporated or Qualified: 12/12/1994
3a. Date of Last Report
4. FEI Number: 59-3007505 — 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ANTHONY SILICA
8424 LOST LAKE DR.
ORLANDO, FL. 32817

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 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] — Signature of a New Registered Agent — DATE: 4-28-95

12. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	ANTHONY SILICA
STREET ADDRESS	8424 LOST LAKE DR.
CITY, ST, ZIP	ORLANDO, FL. 32817
TITLE	~~VD/S~~
NAME	~~ZORAIDA E. LOPEZ~~
STREET ADDRESS	~~906 NORTH ORANGE ST.~~
CITY, ST, ZIP	~~ORLANDO, FL. 32803~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	VD/S ☑ Change ☐ Addition
22 NAME	MARIA SILICA
23 STREET ADDRESS	8424 LOST LAKE DR.
24 CITY, ST, ZIP	ORLANDO, FL. 32817
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	DPS 11
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is valid and accurate and does not disqualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 a 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 attached sheet if added, as an officer or director of the corporation or a receiver or trustee or other agent of the corporation.

SIGNATURE: [signature] — 4-28-95 — 407-677-5157 (Daytime Phone)

0043003 CP