2000	ONIFORM BUS	INE22 KER	yki (OPI	4)					
DOCUMENT # L9500000877 1. Entity Name						FI	LED			
ZINGG INVESTMENT GROUP, L.C.						00 JAN 27 AM 11: 30				
Principal Place 7270 NW 12TH PENTHOUSE I		Mailing Address 7270 NW 12TH STREET PENTHOUSE I	0 NW 12TH STREET			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
MIAMI FL 3312		MIAMI FL 33126-1926								
	Place of Business SW 91 CT.	3. Mailing Address 16021 SW 9	Mailing Address 16021 SW 91 CT.			7 - I INGENIAN DIP IGIPI DIKA DANK DANK DAKA BAKA BAKA PAKA INDIN IBEK 1901 IBEK I				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat		City & State MIAMI, FL				4. FEI Number 65-0632475 Applied For Not Applicab			ot Applicable	
Zip	Country	Zip	Counti	ry	5. Certi	ficate of Status Desi	red 🔲	\$5.00 Add		
33157	DADE	33157	_ DAD	E				Fee Require	0	
	6. Name and Address of Current	Hegistered Agent		Name	7. Nam	e and Address of N	ew Hegistered	Agent		
BRODIE, S	SIDNEY Z ESQ.		ļ		ddress (PA Boy N	lumber is Not Accer				
7270 NW 12TH STREET				Street Address (P.O. Box Number is Not Acceptable)						
PENTHOUSE I						-02/	01/000	10800	05	
MIAMI FL 33126				City		***	** ^{50.00} FL	****	į. 00 – 	
								<u>- </u>		
8. The above	e named entity submits this statement fo	r the purpose of changing it	ts registere	d office or	registered agent,	or both, in the State	of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NC	TE: Registered	Agent signatu	re required when reinstati	ng)	DATÉ			
	•	EU E A	10W!!! F	EE IC ÉI	E0 00					
		Make Check P								
9.	MANAGING MEMBI	ERS/MEMBERS	10.			LADDITI	ONS/CHANGE			
TITLE	MGRM	XX Delate	TITLE		PRESIDE	NT		X Change	Addition	
MAME	ZINGG, HERMANN	****	NAME		HERMANN	A. ZINGG	(MGRM))		
STREET ADDRESS CITY-ST-ZIP	7270 NW 12TH STREET, PENTHO MIAMI FL 33126	DUSE I		T ADDRE88 ST-ZIP		ISCAYNE B	_	_		
TITLE	MGRM	XX Deteto	TITLE		TREAURE		101 (14)	Change	XX Addition	
NAME STREET ADDRESS CITY-ST-ZIP	WANG, WILLIE 7270 NW 12TH STREET, PENTHO	DUSE I		T ADDRESS 87-ZIP	NIEVES SANTA R	ZINGG (MG) OSA DE LI	MA #B-1		EZUELA	
TITLE	MIAMI FL ¹ 33126	☐ Delete	TITLE		CALLE C	EDIFICIO	ALTO S	ANO 1 ,	CARACI	
NAME			MAME							
STREET ADDRESS CITY-ST-ZIP		· :	_	T ADDRESS ST- ZIP		- ~				
TITLE		Delete	TITLE					Change	Addition	
NAME			NAME			\sim // \sim	/		4	
STREET ADDRESS				T ADDRESS	/		•			
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NAME		☐ Delate	NAME					- cuante		
STREET ADDRESS			STREE	T ADDRESS						
CITY-ST-ZIP TITLE	i	☐ Deistn	TITLE	8T-ZIP				☐ Change	Addition	
NAME			NAME					— Austria		
STREET ADDRESS	,,		1	T ADDRESS						
CITY- 8T- ZLP		•	CITY-	ST-ZIP		•				
11. hereby	certify that the information supplied with on this report is true and acceptate and	this filing does not qualify f	for the exen	ption stat	ed in Section 119.	07(3)(i), Florida Stat	ites. I further ce	ertify that the i	nformation	
indicated limited lia	on this report is true and accurate and ability company or the receiver by trustee	that my signature shall have empowered to execute this	e tne same s report as	required b	ot as if made unde by Chapter 608, Flo	r oatn; that I am a n orida Statutes.	ianaging memb	er or manage	ม OI เกีย	

1/7/2000

(305)378-9101 Daytime Phone #