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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M2

(2)

ZAR INVESTMENTS, INC.

FILED
May 01 1998 8:00am
Secretary of State

Principal Plac	e of Business	Mailing Address					- 0 10015011 110 11001 11011 00110 01111 0011 01011 01011	Q1011 Q1914 Q1911	Rinte ihüt
3191 CORAL	WAY	3191 CORAL WAY							
STE 200 STE 200							DO NOT MIDITE IN TAILS	00405	
MIAMI FL 33145 MIAMI FL 33145 US US							DO NOT WRITE IN THIS	SPACE	
US		US					3. Date Incorporated or Qualified 09/24/1985		
2. Principal Place of Business 2a. Mailing Addres							4. FEI Number	App	olied For
21		26			59-2626029	Not	Applicable		
Suite, Apt.	#, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 A	dditional	
22		27				5. Continuate of blades Desired	Fee Req	uired	
City & State	Ð	City & State				6. Election Campaign Financing	\$5.00 N		
23		28				Trust Fund Contribution	Added to	Fees	
Zip	Country	Zφ	_	ountry	r		8. This corporation owes or has paid the cur	-	
24	25	[29]	30						No
ļ	9, Name and Address of Curre	ani Registered Agent		81	Nam		10. Name and Address of New Registered	Agent	
	SA, JULIAN			"	Nam	e			
	91 CORAL WAY			82	Stree	t Addre	ss (P.O. Box Number is Not Acceptable)		
	E 200				<u> </u>				
ML	AMI FL 33145			83					
				84	City			85 Zip Co	ode
					<u> </u>		<u>FL</u>		
11. Pursuant	t o the provisions of Sections 607.09 registered agent, or both, in the Stat	502 and 607.1508, Florida Statu te of Elorida, Such change was	ites, the l	above ed hv	e-name the co	ed corpo propratio	pration submits this statement for the purpose of on's board of directors. I hereby accept the app	f changing its printment as re	registered enistered
agent I a	im familiar with, and accept the obli	gations of, Section 607.0505, F	lorida St	atules	3.		app		
SIGNATURE									
	Signature, typed or printed namin of registered a				ent signat	nte require	d when reinstating) DATE	DIDEATADA	111.40
12.				13.			ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
1	-004440-4854480			1.1 TITLE 1.2 NAME				☐ CHANGE	MODICION
NAME	3191 CORAL WAY #200		1						
STREET ADDRESS	MIAMIFL				ADDRES	>			i
CITY-ST-ZIP	S	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE				☐ Change	Addition	
TITLE	AUTOA HILIAN							Change	L MODITION [
NAME	3191 CORAL WAY #200		22 NAME						
STREET ADORESS	MIAMI FL		2.3 STREET ADDRE			S			
CITY-ST-ZIP	n man ru	DELĒTE		CITY-S	ST - ZIP	+-		Change	Addition
TITLE	ALLO A CHIDIDAGA			TITLE				Change	Addition
NAME	CASILLA 3786			NAME					
STREET ADDRESS	ECUADOR		1		ADDRES	5			
CITY-ST-ZIP	ECUADON	DELETE	_	CITY - S	ST-ZIP			Change	Addition
TITLE		☐ DETEIF		4.1 TITLE				L Change	☐ Addition
NAME			4. 2 NAME			}			}
STREET ADDRESS			4.3 STREET			³			
CITY-ST-ZIP		l brieze	4.4 CIT		T - ZIP				T Against
TITLE		ĹĴ DEL€TE	5.1 TITLE					☐ Change	Addition
NAME			•	NAME					
STREET ADDRESS					ADDRES	5			
CITY-ST-ZIP				CITY - S	T-ZIP			17.2	
TITLE		DELETE		THTLE				☐ Change	Addition
NAME			6.2	NAME					
STREET ADDRESS			6.3	STREET	ADDRES:	3			

14. Thereby 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 eath; that I am an officer or director of the corporation of the receiver or trusted 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 attractment with an address.

SIGNATURE:

4/24/98