

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # M32983 (2)
1. Corporation Name
ZALDIVAR CORP.



Principal Place of Business Mailing Address
**C/O PARRY REAL ESTATE
9628 NE 2ND AVE., STE. A
MIAMI SHORES FL 33138
US**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **06/02/1986** 3a. Date of Last Report **04/27/1995**
4. FEI Number **59-2687324** Applied for
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
7. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
**PARRY, GENE
9628 NE 2ND AVE., STE. A
MIAMI SHORES FL 33138**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 of the Corporation, its duly authorized agent, or the duly authorized agent of the corporation Date

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **P** ☒ DELETE 11 TITLE **P/D Ruth Randolph** ☐ Change ☒ Addition
NAME **RANDOLPH, THEODORE (TED)** 12 NAME **3301 N.E. 5th Ave. # 611**
STREET ADDRESS **3301 N.E. 5TH AVE., #611** 13 STREET ADDRESS **Miami, FL 33137**
CITY-ST-ZIP **MIAMI FL 33137** 14 CITY-ST-ZIP
TITLE ☐ DELETE 21 TITLE ☐ Change ☐ Addition
NAME 22 NAME
STREET ADDRESS 23 STREET ADDRESS
CITY-ST-ZIP 24 CITY-ST-ZIP
TITLE ☐ DELETE 31 TITLE ☐ Change ☐ Addition
NAME 32 NAME
STREET ADDRESS 33 STREET ADDRESS
CITY-ST-ZIP 34 CITY-ST-ZIP
TITLE ☐ DELETE 41 TITLE ☐ Change ☐ Addition
NAME 42 NAME
STREET ADDRESS 43 STREET ADDRESS
CITY-ST-ZIP 44 CITY-ST-ZIP
TITLE ☐ DELETE 51 TITLE ☐ Change ☐ Addition
NAME 52 NAME
STREET ADDRESS 53 STREET ADDRESS
CITY-ST-ZIP 54 CITY-ST-ZIP
TITLE ☐ DELETE 61 TITLE ☐ Change ☐ Addition
NAME 62 NAME
STREET ADDRESS 63 STREET ADDRESS
CITY-ST-ZIP 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: **Ruth Randolph Pres. June 12, 1996** (305) 573-9083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)