

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 18 PM 6:00**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # M58034 (3)**

1. Corporation Name  
**ZULMAR CORPORATION**

Principal Place of Business <b>C/O PATRICIA E. ZULUAGA 2045 NW 36 ST MIAMI FL 33142 US</b>	Mailing Address <b>C/O PATRICIA E. ZULUAGA 2045 NW 36 ST MIAMI FL 33142 US</b>
---	---

2. Principal Place of Business 21 <b>8315 N.W. 64 ST B-15</b>	2a. Mailing Address 26 <b>8315 N.W. 64 ST</b>
22 Suite, Apt. #, etc.	27 <b>B-15</b>
23 City & State <b>MIAMI FL 33166</b>	28 City & State <b>MIAMI FL</b>
24 Zip <b>33166</b> County <b>DADE</b>	29 Zip <b>33166</b> County <b>DADE</b>

3. Date Incorporated or Qualified <b>08/25/1987</b>	3a. Date of Last Report <b>03/15/1994</b>
4. FEI Number <b>59-2839387</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under G. 129.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ZULUAGA, PATRICIA E.  
2045 N.W. 36TH ST.  
MIAMI FL 33142**

10. Name and Address of New Registered Agent

81 Name <b>SAHE</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83 <b>8315 N.W. 64 ST B-15</b>
84 City <b>MIAMI FL</b> 85 Zip Code <b>33166</b>

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>ZULUAGA, PATRICIA E. 2045 NW 36 ST MIAMI FL</b>	1. TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS <b>8315 N.W. 64 ST #5</b>	
CITY, ST, ZIP		4. CITY, ST, ZIP <b>MIAMI FL 33166</b>	
TITLE <b>TD</b>	<b>ZULUAGA, HECTOR 2045 NW 36 ST MIAMI FL</b>	5. TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS <b>8315 N.W. 64 ST #5</b>	
CITY, ST, ZIP		8. CITY, ST, ZIP <b>MIAMI FL 33166</b>	
TITLE <b>D</b>	<b>ZULUAGA, BERNARDO 2045 NW 36 ST MIAMI FL</b>	9. TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS <b>8315 N.W. 64 ST #5</b>	
CITY, ST, ZIP		12. CITY, ST, ZIP <b>MIAMI FL 33166</b>	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. 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 110.07(3)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **4/7/95**

DATE: \_\_\_\_\_