

07-28-2002 90200 043 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000064432**

1. Entity Name
ZAKONYX, Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 777 N.W. 72 Ave Suite, Apt. #, etc. 2 AA 50 City & State MIAMI FLORIDA Zip 33126 Country USA		3. Mailing Address 777 N.W. 72 Ave Suite, Apt. #, etc. 2 AA 50 City & State MIAMI FLORIDA Zip 33126 Country USA	
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41892

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4. FEI Number 65-1117918	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name **OSVALDO SACCO**
 Street Address (P.O. Box Number is Not Acceptable) **777 N.W. 72 Ave Suite 2AA 50**
 City **MIAMI** FL Zip Code **33126**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **E Sacco**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January Fee is \$150.00
 After May 15 Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE P/D	NAME OSVALDO SACCO
STREET ADDRESS 777 N.W. 72 Ave Suite 2AA 50	
CITY-ST-ZIP MIAMI FL 33126	
TITLE V/P/D	NAME Alfredo Rueda
STREET ADDRESS 777 N.W. 72 Ave Suite 2AA 50	
CITY-ST-ZIP MIAMI FL 33126	
TITLE	NAME
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CITY-ST-ZIP	

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **E Sacco**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/02 (305) 441-2106
 Date Daytime Phone #

CR2E034B (12/01)

Attachment
ZACONYX, CORP.

4/892

~~#PO 1000064432~~

July 20, 2002

Department of State
P.O. Box 6327
Tallahassee, Fl 32314

Dear Sir or Madam:

After we did review the information of our Corporation through the Internet, we notice that we never received the Annual Report and/or the UBR for the year 2002.

Please accept our fees of \$ 150.00 for the year 2002, in accordance with your telephone instructions several days ago.

Thank you, very much for your help.

Sincerely,



Osvaldo Sacco
President