

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P33742** (8)
1. Corporation Name
ZAPATA CLOSURES, INC.



Principal Place of Business 2601 S BAYSHORE DR STE 1200 COCONUT GROVE FL 33133 US	Mailing Address 2601 S BAYSHORE DR STE 1200 COCONUT GROVE FL 33133 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2699 S. BAYSHORE DRIVE Suite, Apt. #, etc. 22 PENTHOUSE-B City & State 23 COCONUT GROVE, FL Zip 24 33133	2a. Mailing Address 26 2699 S. BAYSHORE DRIVE Suite, Apt. #, etc. 27 PENTHOUSE-B City & State 28 COCONUT GROVE, FL Zip 29 33133	3. Date Incorporated or Qualified 04/25/1991	4. FEI Number 13-3147913 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**TORRES, RAYMOND
2601 S BAYSHORE DR
STE. 1200
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name HAZDAY, SALOMON JR.
82 Street Address (P.O. Box Number is Not Acceptable) 2699 S. BAYSHORE DRIVE
83 PENTHOUSE-B
84 City COCONUT GROVE
85 Zip Code FL 33133

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, typed or printed name of registered agent and fax, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

SALOMON HAZDAY, JR. 4-20-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZAPATA, CLAUDIO		1.2 NAME ZAPATA-GOMEZ, CLAUDIO	
STREET ADDRESS 2601 S BAYSHORE DR TE 1200		1.3 STREET ADDRESS 2699 S. BAYSHORE DRIVE, PENTHOUSE-B	
CITY-ST-ZIP COCONUT GROVE FL		1.4 CITY-ST-ZIP COCONUT GROVE, FL 33133	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZAPATA, CLAUDIO B		2.2 NAME ZAPATA-BAKAS, CLAUDIO	
STREET ADDRESS 2601 S BAYSHORE DR STE 1200		2.3 STREET ADDRESS 2699 S. BAYSHORE DRIVE, PENTHOUSE B	
CITY-ST-ZIP COCONUT GROVE FL		2.4 CITY-ST-ZIP COCONUT GROVE, FL 33133	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LIANO, RICARDO		3.2 NAME LIANO-CUENCA, RICARDO	
STREET ADDRESS 2601 S BAYSHORE DR STE 1200		3.3 STREET ADDRESS 2699 S. BAYSHORE DRIVE, PENTHOUSE-B	
CITY-ST-ZIP COCONUT GROVE FL		3.4 CITY-ST-ZIP COCONUT GROVE, FL 33133	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZAPATA, HERNAN		4.2 NAME ZAPATA-AKINCILAR, HERNAN	
STREET ADDRESS 2601 S BAYSHORE DR STE 1200		4.3 STREET ADDRESS 2699 S. BAYSHORE DRIVE, PENTHOUSE B	
CITY-ST-ZIP COCONUT GROVE FL		4.4 CITY-ST-ZIP COCONUT GROVE, FL 33133	
TITLE COO	<input type="checkbox"/> DELETE	5.1 TITLE COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TORRES, RAYMOND		5.2 NAME TORRES, RAYMOND	
STREET ADDRESS 2601 S BAYSHORE DR STE 1200		5.3 STREET ADDRESS 2699 S. BAYSHORE DRIVE, PENTHOUSE-B	
CITY-ST-ZIP COCONUT GROVE FL		5.4 CITY-ST-ZIP COCONUT GROVE, FL 33133	
TITLE EO	<input type="checkbox"/> DELETE	6.1 TITLE EO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LORENZANA, JORGE		6.2 NAME LORENZANA, JORGE	
STREET ADDRESS 2601 S. BATSHORE DR., STE. 1200		6.3 STREET ADDRESS 2699 S. BAYSHORE DRIVE, PENTHOUSE-B	
CITY-ST-ZIP COCONUT GROVE FL		6.4 CITY-ST-ZIP COCONUT GROVE, FL 33133	

14. I hereby 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 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

Raymond Torres

4-20-98

305-856-8804

CP2E034 (10/97)