


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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90211 010 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P33742

1. Corporation Name
ZAPATA CLOSURES, INC.



Principal Place of Business 2699 S. BAYSHORE DRIVE PENTHOUSE B COCONUT GROVE FL 33133 US	Mailing Address 2699 S. BAYSHORE DRIVE PENTHOUSE B COCONUT GROVE FL 33133 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/25/1991	4. FEI Number 13-3147913	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent HAZDAY, SALOMON J 2699 S. BAYSHORE DRIVE PENTHOUSE B MIAMI FL 33133		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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, with all other like empowered.

SIGNATURE: SALOMON HAZDAY JR **SIGNATURE REQUIRED** 4-28-99 305-856-8804
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)