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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P92000005781 (9) DOCUMENT #

ZAYBO, INC.

STREET ADDRESS

May 11 1998 8:00am Secretary of State

FILED

Original Place	a of Business	Mailway Address			
Principal Plac		Mailing Address			
7415 NORTHEAST 1 PLACE MIAM! FL 33138 US		1077 NORTHEAST 96 \$TI MIAMI SHORES FL 33138			
		U\$		DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a. Mailing Address		11/16/1992 4. FEI Number	Applied For
21 1077 NE 96 ST		26		15-0411705	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State 23 MIMI SHORES, F)		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24 336		29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Register	red Agent
	yas, miriam		B1 Name		
1077 NORTHEAST 96 STREET			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
MIA	AMI SHORES FL 33138		83		
			63		
1			84 City		85 Zip Code
agent I a	n familiar with, and accept the obligati Stgnature bjester junistrace of no leasting at OFFICERS AND	ions of, Section 607.0505, Flo	Registered Agent signature requir	ion's board of directors. I hereby accept the red when reinstating) ADDITIONS/CHANGES TO OFFICERS	i E
TITLE	D	DELETE	1.1 THLE	ADDITIONS CHANGES TO CITIED IN	Change Addition
NAME	ZAYAS, MIRIAM		1.2 NAME		
STREET ADDRESS	1077 NORTHEAST 96 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL		1.4 CITY - S1 - ZIP		
TITLE	0	☐ DELFTE	2.1 TITLE		Change Addition
NAME	BOWNE, TIMOTHY		2.2 NAME		
STREET ADDRESS	1077 NORTHEAST 96 STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL	T belete	2. 4 CITY - ST - ZIF		
TITLE		[] DEFETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY+ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE		Change Addition
NAME		<u></u>	4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-S1-ZIP		
TITLE		☐ DELET E	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		<u>.</u>

6.3 STREET ADDRESS 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