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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P92000007721 (3)

ZMNZI	ENTERPRISES, INC.						
Principal Place of Business		Mailing Address			1811 0 0 111 0 0 111 1 0 0 1 1	(4010 1100) (10F 100)	
8699 SW 122 ST MIAMI FL 33156		8699 SW 122 ST MIAMI FL 33156		DO NOT WRITE	E IN THIS SPAC	re.	
US		US			3. Date Incorporated or Qualified 11/30/1992	- 11 11110 01 710	
2. Principal Pi	lace of Business	2a. Mailing Address			4. FE! Number		Applied For
21		26			65-0369641	1	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7	8.75 Additional	
22		[27]		or continued or claims because		Fee Required	
City & State		City & State		6. Election Campaign Financing		55.00 May Be	
23 Country				Trust Fund Contribution		Added to Fees	
Zip				У	8. This corporation owes or has p		· ·
24	25 9. Name and Address of Current	Registered Agent	30		Personal Property Tax due June 10. Name and Address of New Re		
741		ricgistered Agent	8	1 Name	10, Italia Bio Addiss of Now II	zgistoloù Agoli	·
Zanzi, Hugo 86 99 S w 122 St							
	NG 50V 122 51 NMI FL 33156		8	2 Street Add	ress (P.O. Box Number is Not Accepta	ble)	
MIN	AMI LE 33130		8	3			
			8	4 City		FI 85	Zip Code
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 regist 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 registance. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							nging its registered nent as registered
SIGNATURE. Signature, typed or printest mane of registerest aprint and title it applicable. (NOTE: Registered				gent signature requi	red whon reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIR	ECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE				Change 🔲 Addition
NAME			1.2 NAM				
STREET ADDRESS	8 699 SW 122 ST		1.3 STRE				li li
CITY-ST-ZIP	MIAMI FL		1.4 CITY	ST-ZIP			
TITLE		DELETE	2.1 TITLE				Change 🔲 Addition 🖰
NAME			2.2 NAMI				
STREET ADDRESS	2.3 5		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY		·-····		
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NAME			3.2 NAMI				
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CITY-ST-ZIP		T Science	3.4. CITY				5
TITLE		☐ DELETE	4.1 TITLE			<u>. </u>	Change
NAME			4. 2 NAM				ļ
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CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP			\Box	Change Addition
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STREET ADDRESS				FT ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITLE			П	Change Addition
NAME		_ occit	6.2 NAMI				
STREET ADDRESS			ı	ET ADDRESS			ŀ
CITY-ST-ZIP			6.4 CHY				
14. hereby o	certify that the information supplied wit	h this filing does not qualify f	or the exem	ption stated in	Section 119.07(3)(i), Florida Statutes,	I further certify t	hat the information

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 or an attachment with an address.

FILED

May 13 1998 8:00am

Secretary of State