

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000005158 (9)

1. Corporation Name

ZENY'S WORKROOM CORP.



Principal Place of Business

Mailing Address

7436 NW 55 STREET
MIAMI FL 33166

7436 NW 55 STREET
MIAMI FL 33166

2. Principal Place of Business

21 Zeny's Workroom Corp.

Suite, Apt. #, etc.

22

23 Miami, Florida

24 33137

25 U.S.A.

2a. Mailing Address

26 17 NW 36 St.

Suite, Apt. #, etc.

27

28 Miami, Florida

29 33137

30 U.S.A.

3. Date Incorporated or Qualified

01/22/1993

3a. Date of Last Report

05/16/1995

4. FEI Number

65-0381666

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

ALFONSO, ZENaida
9416 SW 4TH LANE
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name Zenaida Alfonso

82 Street Address (P.O. Box Number is Not Acceptable)

9416 SW 4th Lane

83

84 City

Miami

FL

85 Zip Code

33174

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 date of signature

(If the Registered Agent's signature is typed, then the signature must be typed in the space provided.)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ALFONSO, ZENaida
STREET ADDRESS 9416 SW 4TH LANE
CITY- ST- ZIP MIAMI FL 33174

TITLE D
NAME ALFONSO, JOSE M
STREET ADDRESS 9416 SW 4TH LANE
CITY- ST- ZIP MIAMI FL 33174

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Zenaida Alfonso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

DATE

573-7012

TELEPHONE NUMBER

CR2E034 (12/95)