**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Ketherine Harris

Secretary of State DIVISION OF CORPORATIONS

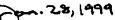
Apr 13, 1999 8:00 am Secretary of State 04-13-1999 90009 014 \*\*\*150.00

DOCU 1. Corporatio Z & C C		0045359	_						
Principal Plac	e of Business	Mailing Address				. 1924/22 at 1949 till 25te som 2011 65.			
2794 W. 68TH ST. 2794 W. 68TH ST.					-		•		
	HIALEAH FL 33016 HIALEAH FL 33016					DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualifed	:		1
						06/28/1993			l
2. Principal Place of Business 2s. Mailing Address				·		4. FEI Number	Ap	plied For	J
21	, de la company	26				65-0421169	No.	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc						5. Certificate of Status Desired		Additional	
22 27								peninge	ł
City & State City & State				عه - حف		6. Election Campaign Financing	\$5.00 Addad	May Be ===	-
23		Zio Country				Trust Fund Contribution Added to Fees  8. This corporation owas the current year intangible			i
Zip	Country	Zip	30	QILLII Y		Personal Property Tax.	Yes	□No	1
24	9. Name and Address of Curre	nt Registered Agent	30	$\overline{}$		10. Name and Address of New Registers	d Agent		ĺ
<u> </u>	5. Maine Bild Address of Cure			81	Name				
CAR	ILOS ZUMARRAGA			82	Charact Adda	ess (P.O. Box Number is Not Acceptable)			Ì
7750 NW 103RD STREET, STE 203				82	Shant Mich	ess (F.C. pox Hamber to Not Acceptancy			]
HIAL	LEAH GARDENS FL 33016			83					
1				84	City		85 Zip	Goda	1
1				1	- •	F			1
agent I a	Signature, typed or printed name of registered ag	ent and title if applicable. [NO	TE: Registere	id Ageni		oration submits this statement for the purpose in's board of directors. I hereby accept the application of directors and the statement for the purpose of the statement of the purpose of the statement of the sta			i gg
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	Change	Addition	1 5
TITLE	VSD IOURI C	_		MLE			<u></u>		CR2E034 (11/98)
NAME	CESARANO, JOHN C. 4441 S W 75TH AVENUE			1.2 NAME 1.3 STREET ADDRESS					ဗြ
STREET ADDRESS	MIAM) FL 33146			CITY-ST-				ļ	į
CITY-ST-ZIP	P	****		TITLE	-		☐ Change	Addition	Ü
TITLE	ZUMARRAGA, CARLOS	<del></del>		2.2 NAME			•	I	l
STREET ADDRESS	ACCOUNT ON THE CO				ADDRESS				t
CITY-ST-ZIP	MIAMI FL			CITY-ST	1				]
TITLE		DELETE		TITLE			Change	☐ Addition	ļ
NAME			32 N	WE	ł	*. *			
STREET ADDRESS			3.35	STREET	ADDRESS	and a company of the	<del>۔نب</del> - <del>۔ناب</del>	<u></u>	1-
CITY-ST-ZIP	Í		3.4.0	CITY-ST	-20P			<b>—</b> A 2 000:	-
TITLE		☐ OELETE	4.1 T	ITILE			Chánge	☐ Addition	
NAME				NAME	Ì				Į
STREET ADDRESS					ADDRESS				1
CITY-ST-ZIP		C) october		CITY-ST-	ZP		☐ Change	Addition	-
TITLE			1	5.1 TITLE 5.2 NAME		and the second	_ ~		}
NAME					ADDRESS				ţ
STREET ADDRESS				CITY-ST-	1	-			
CITY-ST-ZIP		☐ DELETE		IIILE	<del>-  -</del>		☐ Change	☐ Addition	}
NAME		÷	8.2 N	NAME			,		
STREET ADDRESS			6.3 9	STREET	ADDRESS				
SINCE ALIDRES	7		840	CITY-ST-	.zw				}

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 each; 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



308-556-9136.