FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00				
CORPORATION	CORPORATION FLORIDA DEPARTMENT OF STATE			
ANNUAL REPORT	Sandra R. Mortham			
1996	Secretary			
DOCUMENT # P 930000 6 9023				
ZUMA ENTISKPRISE, INC				
			_	
Principal Place of Business ++ Mailing Address			Ì	
3468 W. 14 LANE SAMB				
MIPLEAN, FL		DO NOT WRITE IN THIS SPACE. 3. Date Incorporated or Qualified 3a. Date of Last Report		
33012		3. Date Incorporated or Qualified	Sa. Date of Last neport	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0439902	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
27		,	Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Z.ip	Country	8. This corporation has liability for int	
24 25	29 30	<u> </u>	Florida Statutes Yes 10. Name and Address of New Reg	No
9. Name and Address of Current I	 	81 Name	10. Name and Address of New Res	gistered Agent
MANCIAL AUDRIGUM AL 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)				<u> </u>
Juica mast	14TH LONE		SS (F.O. EXA NOTICE IS NOT ACCEPTABLE)	
		83		
HIALEAN	FL 33012	84 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 registered office				
or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.				
SIGNATURE				
Skynature, typed or printed name of registered agent and		egistered Agent signature required	when reinstating: ADDITIONS/CHANGES TO OFFIC	DATE COS AND DIDECTORS IN 12
12. OFFICERS AND I	DIRECTORS	13, 1 1 11TLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME ZULEMM ADDRIGUM		1 2 NAME		
STREET ADDRESS 346 WBST 1477 LAND		1 3 STREET ADDRESS		•
STREET ADDRESS 3468 WBST 14th LANG		1.4 CITY - ST - ZIP		
11TLE T D	•	2 1 TITLE		Change Addition
NAME STREET ADDRESS DITY-ST-ZIP MANCIAL RUDRIGUEZ SA STREET ADDRESS 34 65 WB 54 1700 LAWR DITY-ST-ZIP MIALBON 12-L 33012		2 2 NAME 2 3 STREET ADDRESS		
CITY-ST-ZIP HICKORY PL 32012		2 4 CITY - ST - ZIP		
) 131L) 1.20 f (0)		3 1 DILE		Change Addition
NAME MARCIAL RODRIGUEZ DR		3 2 NAME	•	
STREET ADDRESS 3468 WIST 147	M LAWE	3.3 STREET ADDRESS		
NAME STREET ADDRESS 3465 WAST 14TH LAWR DITHER TO THE BOTH FL 33012		3 4 CITY - ST - ZIP		Change Addition
TITLE NAME		4 1 THILE 4 2 NAME	ŧ	C Sugaryo C Proposition
STREET ADDRESS		4 3 STREET ADDRESS		
CHY-ST-ZIP		4.4 CITY - S1 - ZIP		
TITLE		51 TITLE		Change Addition
NAME		5.2 NAME	10000183	38171
STREET ADDRESS		5 3 STREET ADDRESS	1 00 00 1 83 -05/24/96010	029012
TITLE		6 1 THTLE	***200,00	Change Addition
NAME		6.2 NAME		1 /201
STREET ADDRESS		6 3 STREET ADDRESS		C-17/2
CITY-S1-ZIP		-64 CITY - ST - ZIP		2/2011 Cident Colored
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). Fidural 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 or an an attachment with an address				
SIGNATURE: // Kulema + do				
SIGNATURE: JULIA TOTAL OF SIGNAL OF SER OR DIRECTOR Date Date Phone &				
u	Y	1		