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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000078334 1. Corporation Name

ZUL,	INC.

Feb 21, 1999 8:00 am Secretary of State 02-21-1999 90005 005 ***150.00



Principal Pla 22232C BOCA BOCA RATON		Mailing Address 22232 C BOCA RANCHO DRIVE BOCA RATON FL 33428							
us		US				DO NOT WRITE IN TH	IIS SPACE		
						3. Date Incorporated or Qualifed			7
2 Principal I	Place of Rusiness	0 Mailia Adda				11/12/1993			
2. Principal Place of Business 2a. Mailing Address 2f						4. FEI Number	├	pplied For	_
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				80-2982464	Not Applicable		4
						5. Certificate of Status Desired Fee Ro			
City & Sta	ite	City & State				6. Election Campaign Financing			
23		28				Trust Fund Contribution		May Be to Fees]
Zip	Country	Zip	Cou	untry		8. This corporation owes the current year		10 1 003	1
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Currer	nt Registered Agent		<u> </u>		10. Name and Address of New Registere	d Agent]
MAG	RKS, LUZ M			81 Na	me				
	63 SW 66TH AVE			82 Str	eet Addre	ss (P.O. Box Number is Not Acceptable)			┨
	CA RATON FL 33428								
500	37 10 11 OH 1 E 00 120			83					
				84 Cit	у		. 85 Zip	Code	1
11 Pursuant	to the provisions of Sections 507.050	10 and 607 4500 Ft. : 1- 0: 1-				F	1 1 1		Ì
					ned corpoi	ration submits this statement for the purpose is board of directors. I hereby accept the app	of changing its	registered	
								giotoroa	
agon	and accept the obliga	tions of, Section 607.0505, Fig	orida Statu	utes.	, po	e de la composition della comp			
agent. I a SIGNATURE	and accept the obliga	nons of, Section 607.0305, Fig	mua Statt	utes.					
agon	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered	utes.		when reinstating) DATE		DC IN 40	(80
SIGNATURE	Signature, typed or printed name of registered ager	nons of, Section 607.0305, Fig	mua Statt	Agent signa			AND DIRECTO		11/98)
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE	: Registered	Agent signa		when reinstating) DATE		DRS IN 12	11
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN DP MARKS, LUZ M	nt and title if applicable. (NOTE	13. 1.1 TIT	Agent signa	ture required v	when reinstating) DATE	AND DIRECTO		11
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN DP MARKS, LUZ M	nt and title if applicable. (NOTE	Registered 13. 1.1 TT 1.2 NA 1.3 ST	Agent signa	ture required v	when reinstating) DATE	AND DIRECTO		2E03/ (11
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN DP MARKS, LUZ M 22232C BOCA RANCHO DR BOCA RATON FL VTS	nt and title if applicable. (NOTE	Registered 13. 1.1 TT 1.2 NA 1.3 ST	Agent signa ILE ME REET ADDRI	ture required v	when reinstating) DATE	AND DIRECTO		11
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN DP MARKS, LUZ M 22232C BOCA RANCHO DR BOCA RATON FL	nt and title if applicable. (NOTE	: Registered 13. 1.1 TII 1.2 NA 1.3 STI 1.4 CIT	Agent signa LE ME REET ADDR TY-ST-ZIP LE	ture required v	when reinstating) DATE	ND DIRECTO	☐ Addition	2E034 (11
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN DP MARKS, LUZ M 22232C BOCA RANCHO DR BOCA RATON FL VTS MARKS, LUZ M 22563 SW 66TH AVE	nt and title if applicable. (NOTE	13. 1.1 TII 1.2 NA 1.3 STI 1.4 CIT 2.2 NA	Agent signa LE ME REET ADDR TY-ST-ZIP LE	ture required v	when reinstating) DATE	ND DIRECTO	☐ Addition	2E034 (11
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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 eath; 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:X