

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
Division of Corporations

APPROVED
AND
FILED

DOCUMENT # **P9400000540 (2)**

55 MAY -1 AM 8:52

ZARA AND ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office Address		12531 S.W. 18TH ST. MIRAMAR FL 33027	
2. Mailing Address		12531 S.W. 18TH ST. MIRAMAR FL 33027	
3. Date of Report Prepared	3a. Date of Last Report	01/04/1994 N/A	
4. FET Number	Approved For	65-0459620 Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional Fee Required	<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	<input type="checkbox"/>	
7. Does corporation have business for which report was required by Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ZARA, GRACIELA 12531 S.W. 18TH ST. MIRAMAR FL 33027				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 Zip Code			

11. Pursuant to the provisions of Sections 607.0602 and 607.1504, 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 hereby waiving and accepting the obligations of Section 607.0605, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ZARA, GRACIELA 12531 S.W. 18TH ST. MIRAMAR FL 33027	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1. NAME	
STREET ADDRESS		1. STREET ADDRESS	
CITY & STATE		1. CITY & STATE	
TITLE		2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY & STATE		2. CITY & STATE	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY & STATE		4. CITY & STATE	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY & STATE		5. CITY & STATE	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 this corporation or the executor or assignee responsible for this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of the back of this report or its multiple form with an address.

SIGNATURE: *Graciela Zara* - PRESIDENT D. 4/28/95 (305) 433-1484
GRACIELA ZARA