

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000003453 (5)

1. Corporation Name

ZEUS INMOBILIARIA CORP.



Principal Place of Business

13221 SW 48TH ST
MIAMI FL 33175

Mailing Address

P.O. BOX 141514
CORAL GABLES FL 33114
US

2. Principal Place of Business

2a. Mailing Address

21

26

PO BOX 162451

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

MIAMI, FL

23

28

Zip

Country

Zip

Country

24

25

29

30

33116

DADE

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/07/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0461644

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

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

Yes No

10. Name and Address of New Registered Agent

81

Name

VICTOR F. SEIJAS JR

82

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

15061 SW 145 CT

83

84

City

MIAMI

FL

85

Zip Code

33186

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 title (if applicable)

Date Registered Agent signature received (if not present, date)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SEIJAS, VICTOR JR
STREET ADDRESS 15061 S.W. 145 COURT
CITY- ST- ZIP MIAMI FL 33186

TITLE
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CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-96

Date

Daytime Phone #

CR2E034 (12/95)