FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9400003674**1. Corporation Name

ZIANI INTERNATIONAL CAPITAL, INC.

FILED Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90055 046 ***150.00



| Principal Place | e of Business | Mailing Address | | | | | | |
|--|--|--|---------------------------------------|-----------------|-------------------|--|--------------------|--------------|
| 151 CRANDON BLVD. APT. #1127 KEY BISCAYNE FL 33149 US | | 151 CRANDON BLVD. APT. #1127 KEY BISCAYNE FL 33149 | | | | DO NOT WRITE IN T | 'HIS SPACE | |
| | | US | US | | | 3. Date Incorporated or Qualifed 01/14/1994 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | 2a. Mailing Address | | | 4. FEI Number | Apr | plied For |
| n | | 26 | | | | 65-0464440 | Not | t Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | 27 | | | 5Certifcate of Status Desired | \$8.75 A Fee Re | |
| City & State | | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 Added to | |
| Zip | Country Zip | | _ | Country | | 8. This corporation owes the current year | | |
| 24 | 25 | 29 3 | 0 | | | Personal Property Tax. | | □No |
| | 9. Name and Address of Curre | ent Registered Agent | | 24 | <u> </u> | 10. Name and Address of New Registe | red Agent | |
| THE PRENTICE HALL CORPORATION SYSTEM,INC | | | ľ | 81 | Name | | | 1 |
| | | JN STSTEM,INC | | 82 Street Add | | ess (P.O. Box Number is Not Acceptable) | | |
| | HAYS STREET | | Ĺ | | | | | |
| | E 105 | | | 83 | | | | |
| IALL | AHASSEE FL 32301 | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 84 | City | | 85 Zip C | Code |
| | | | 1 | | • | pration submits this statement for the purpos | ┡┸┈┤ | |
| agent. I a | m familiar with, and accept the obliq | pations of, Section 607.0505, Florid | a Statu | tes. | | n's board of directors. I hereby accept the a | | |
| | Signature, typed or printed name of registered a | | 13. | agent s | ignature required | ADDITIONS/CHANGES TO OFFICER | | RS IN 12 |
| 12. | PD | OFFICERS AND DIRECTORS 13 | | | | ADDITIONO/OFFICE TO STATE OF THE STATE OF TH | ☐ Change | [] Addition |
| TITLE | _ | | 1,2 NAN | | | | _ , | _ |
| NAME | 151 CRANDON BLVD, APT 1 | 197 | | | DDRESS | | | |
| STREET ADDRESS | KEY BISCAYNE FL 33149 | 121 | | | | | : | |
| CITY-ST-ZIP | | | | 1.4 CITY-ST-ZIP | | | Change | Addition |
| TITLE | | | 1 | 2.2 NAME | | | ~ * | _ |
| NAME | | | I - | | DOGEGG | | • | |
| STREET ADDRESS | | | • | | DORESS | | | |
| CITY-ST-ZIP | | DELETE | 2.4 CIT 3.1 TITL | | ZIP | | ☐ Change | Addition |
| TITLE | | C OLLETE | 3.2 NA | | | | | _ |
| NAME | | | | | DORESS | | \$ | ļ |
| STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 3.4. CIT 4.1 TITI | | LIF | | [] Change | [] Addition |
| TITLE | | | 4, 2 NA | | 1 | | | |
| NAME | | | | | DORESS | | | |
| STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP TITLE | | □ DELETE | 5.1 TITU | | LIP" | | Change | Addition |
| | | | 5.2 NA | | | • | ~ | _ |
| NAME CZDECY ADODESC | | | | | DDRESS | | | |
| STREET ADDRESS | | | 5.4 CIT | | ì | | | İ |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 6.1 TITL | | | | ☐ Change | Addition |
| NAME | | | 6.2 NA | | | | • | _ I |
| OTDEET ADODESS | | | 6.3 STF | REETA | DDRESS | | . • | ĺ |

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: