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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

P94000021251 (1)

ZOE PROPERTIES, CORP.

Principal Place of Business	Mailing Address	
6352 SW 39TH TER	P. O. BOX 141514 CORAL GARLES FL 33114	

MIAM) FL 33133		US			
				3. Date Incorporated or Qualified 34 03/14/1994	Date of Last Report 05/01/1995
		To Market Address		4. FEI Number	Applied For
, Principal Place	e of Business	2a. Mailing Address	6241	65-0476305	Not Applicable
<u> </u>		26 7 0 190X 1	<u> </u>		\$8.75 Additional
Suite, Apt #,	etc.	27		Certificate of Status Desired	Fee Required
]		City & State	-(1)	6. Election Campaign Financing	\$5.00 May Be
City & State		28 MIAMI	711	Trust Fund Contribution	Added to Fees
Zip	Country	Zes _ /	Country	8. This corporation has liability for intar	
]	25	29 33/16	30 DADE	Fiorida Statutes	
	9. Name and Address of Curre			10. Name and Address of New Regi	stered Agent
			81 Name		
DAMSE	Y A., CECILIA		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	SW 48TH ST		11 3700	el SW 145CT	
	L 33175		83		
MINAMI	£ 33173				85 Zin Coden /
			84 City	IAMI	FL 33/86
	607.05	00 and 607 1506 Florida Statutes	the above named cornor	ation submits this statement for the purposed of directors. Thereby accept the appoint	e of changing its registered off
			by the corporation's bear	ration submits this statement for the purposed of directors. Thereby accept the appoint	ment as registered agent. I am
familiar with	a agent, or both, in the State of the , and accept the obligations of, Se	ection 607.0505. Florida Statutes.			
SIGNATURÉ					DATE
S	tyrature, typed ox pretect next of registered ad		Pay book Age 18 pay octobring	ADDITIONS/CHANGES TO OFFICE	
2.		AND DIRECTORS	13.	ADDITIONS OF ANOTHER	Change Addition
TLE	P	□ DET€1F			
AME	RAMSEY A, CECILIA		1 2 NAME		
TREET ADDRESS	13321 SW 48TH ST		1.3 STREE! ADDRESS		
ITY-ST ZIP	MIAMI FL 33175		1.4 CITY - ST - ZIP		Change Addition
ITLE		□ DELETE	2 1 TITLE		D 4.4.3.
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2 4 CITY - ST - ZIP		Change Addition
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LAME .					
			3.2 NAME		
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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 certify that I am an officer or director of the composition or the recomposition of the exemption accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the composition or the recomposition of the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that I am an officer or director of the composition or the recomposition of the exemption stated in Section 119 07(3)(k). Florida Statutes in Mind and the Information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the composition or the recomposition of the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify the exemption of the exemption stated in Section 119 07(3)(k). Florida Statutes I further certification in the exemption of the exemption o

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR