

FILE NOW: FILING FEE AFTER MAY 1 IS \$

PROFIT
CORPORATION
ANNUAL REPORT



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

DOCUMENT # **P94000028550**

1. Corporation Name

ZK Incorporated

JBA TENA MARA JEWELERS

Principal Place of Business

Mailing Address

**18861 Biscayne Blvd
North Miami Bch, FL 33180**

97 NOV -3 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	2n. Mailing Address	3. Date Incorporated or Qualified	3n. Date of Last Report
21	26	4-4-94	
22	27	4. FIF Number	Applied For
City & State	City & State	65-6485616	Not Applicable
23	28	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	☐	
24	29	6. Election Campaign Financing	\$5.00 May Be Added to Fees
	30	Trust Fund Contribution	
		☐	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**TENA MARA KAPTAZNE
18861 BISCAYNE BLVD
NORTH MIAMI BEACH, FL 33180**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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 607.0805, Florida Statutes.

SIGNATURE

Tena Mara Kaptazne

(Signature, typed or printed name of registered agent and his/her agent)

(Name, typed or printed name of registered agent and his/her agent)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	☐ DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(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 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 amendment with an address.

SIGNATURE: *Tena Mara Kaptazne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

UNITED STATES POST OFFICE
VALUABLES DESK
2200 NW 72 Avenue
MIAMI FL 33152-9633
(305) 470-0573

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We are constantly striving to improve our processing methods to assure that an occurrence such as the enclosed can be eliminated. We appreciate your concern over the handling of your mail and sincerely regret the inconvenience you have experienced.

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EP-433

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