

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000052977 (3)

1. Corporation Name

ZINGARI, INC.



Principal Place of Business

551 NORTH ATLANTIC BLVD.
FT. LAUDERDALE FL 33304

Mailing Address

551 NORTH ATLANTIC BLVD.
FT. LAUDERDALE FL 33304

[Handwritten signature]

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		07/18/1994		05/18/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FET Number		Applied For	
23 City & State		28 City & State		65-0510734		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

BAUMAN, JEROME A
7820 PETERS RD.
SUITE E-103
PLANTATION FL 33324

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

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]

[Signature]

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	SHETH, NIMESH	12. NAME	
STREET ADDRESS	551 N. ATLANTIC BLVD.	13. STREET ADDRESS	
CITY-STATE-ZIP	FT LAUDERDALE FL 33304	14. CITY-STATE-ZIP	
TITLE	D	2. TITLE	☐ Change ☐ Addition
NAME	SHETH, SEEMA	22. NAME	
STREET ADDRESS	551 N. ATLANTIC BLVD.	23. STREET ADDRESS	
CITY-STATE-ZIP	FT LAUDERDALE FL 33304	24. CITY-STATE-ZIP	
TITLE		3. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-STATE-ZIP		34. CITY-STATE-ZIP	
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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)(g), 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, changed, or on my appointment with an address.

SIGNATURE:

[Signature]

NIMESH SHETH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 28 1996

954 564 6757

CS 5/1/96

CR2E034 (12/95)