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FILED  
Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000069203 (5)

1. Corporation Name  
ZIRCONIO, INC.



Principal Place of Business

898 SW 22ND ST  
BOCA RATON FL 33486

Mailing Address

898 SW 22ND ST  
BOCA RATON FL 33486-6944

3. Date Incorporated or Qualified  
09/16/1994

3a. Date of Last Report  
04/30/1996

2. Principal Place of Business

21 721 SE 17 STREET

Suite, Apt. #, etc.

22

City & State

23 FORT LAUDERDALE, FL

Zip

24 33316

Country

25

2a. Mailing Address

26 721 SE 17 STREET

Suite, Apt. #, etc.

27

City & State

28 FORT LAUDERDALE, FL

Zip

29 33316

Country

30

4. FEI Number

65-0544337

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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

BARTHE, FREDERIC M  
2101 CORPORATE BLVD, NW, 400  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name PATRICK VIVIES

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

83 721 SE 17 STREET

84 City

85 FORT LAUDERDALE

FL

86 Zip Code

87 33316

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

PATRICK VIVIES

(NOTE: Registered Agent signature required when reinstating)

1/8/97

12. OFFICERS AND DIRECTORS

TITLE P  
NAME LOIX, GHISLAIN  
STREET ADDRESS 898 SW 22 STREET  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE V  
NAME LOIX, GUIDO  
STREET ADDRESS 898 SW 22 STREET  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE S  
NAME GENACHTE, DANIEL  
STREET ADDRESS 898 SW 22 STREET  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME LOIX, GHISLAIN  
1.3 STREET ADDRESS 721 SE 17 STREET  
1.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33316

2.1 TITLE V  
2.2 NAME LOIX, GUIDO  
2.3 STREET ADDRESS 721 SE 17 STREET  
2.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33316

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 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 registered agent 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 a statement with an address.

SIGNATURE: LOIX, GHISLAIN

1/8/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0337224

CR2E034 (9/96)