

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 # **P94000075159 (1)**

1. Corporation Name
ZARCO PRODUCTIONS, INC.



Principal Place of Business Mailing Address
1400 OCEAN DR MIAMI BEACH FL 33139-4108 **1400 OCEAN DR MIAMI BEACH FL 33139-4108**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **10/10/1994** 3a. Date of Last Report **06/26/1995**
4. FEI Number **65-0528817** 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
**ZARFATI, MARCO
230 174TH ST
APT 1514
MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent
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 typed or printed name of registered agent and fee-if applicable _____ (OFFICE REGISTERED AGENT SIGNATURE REQUIRED) _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZARFATI, RENATO	1.2 NAME	
STREET ADDRESS	230- 174TH ST 1514	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI BEACH FL	1.4 CITY- ST- ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZARFATI, MARCO	2.2 NAME	
STREET ADDRESS	230 174TH ST 1514	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI BEACH FL	2.4 CITY- ST- ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZARFATI, DAVID	3.2 NAME	
STREET ADDRESS	19501 E COUNTRY CLUB DR 108	3.3 STREET ADDRESS	
CITY- ST- ZIP	AVENTURA FL	3.4 CITY- ST- ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZARFATI, ALEX	4.2 NAME	
STREET ADDRESS	19501 E COUNTRY CLUB DR 108	4.3 STREET ADDRESS	
CITY- ST- ZIP	AVENTURA FL	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 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.

SIGNATURE: *X Marco Zarfati*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)