

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

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

1996-1-23-96

B-0056-200-C

DOCUMENT # P95000022729 (4)

1. Corporation Name

Z & N VLASNIK CORP.

Principal Place of Business

7145 CARLYLE AVE.  
MIAMI BEACH FL 33141

Mailing Address

7145 CARLYLE AVE.  
MIAMI BEACH FL 33141



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 9048 BYRON AVE.

22 City & State 27 N/A

23 Zip 28 SURFSIDE, FL.

24 Country 29 33154 30 USA

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVE.  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified  
03/21/1995

3a. Date of Last Report

N/A

4. FEI Number  
65-0567200

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

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

X Zivko Matorcevic MATORCEVIC ZIVKO (PRESIDENT) 01/18/96.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME MATORCEVIC, ZIVKO  
STREET ADDRESS 7145 CARLYLE AVE.  
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE SECRETARY  
NAME MATORCEVIC NEVENKA  
STREET ADDRESS 9048 BYRON AVE.  
CITY-ST-ZIP SURFSIDE, FL. 33154

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 Nevenka Matorcevic  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/96. (305) 861-5672  
Date Daytime Phone #

CR2E034 (12/95)