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Jan 24 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 # P95000022729 (4)

1. Corporation Name
Z & N VLASNIK CORP.



Principal Place of Business
7145 CARLYLE AVE.
MIAMI BEACH FL 33141

Mailing Address
9048 BYRON AVE.
SURFSIDE FL 33154-3238
US

3. Date Incorporated or Qualified
03/21/1995

3a. Date of Last Report
01/23/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0567200

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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 New Registered Agent

AMERILAWYER
243 ALMERIA AVE.
CORAL GABLES FL 33134

81 Name NEVENKA MATORCEVIC
82 Street Address (P.O. Box Number is Not Acceptable)
9048 BYRON AVE
83
84 City MIAMI BEACH FL 85 Zip Code 33154

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: *Nevenka Matorcevic*

SIGNATURE: *Nevenka Matorcevic*

DATE: 1/15/97

(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE P
1.2 NAME MATORCEVIC, ZIVKO
1.3 STREET ADDRESS 9048 BYRON AVE
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33154 ☒ Change ☐ Addition

TITLE S
NAME MATORCEVIC, NEVENKA
STREET ADDRESS 9048 BYRON AVE.
CITY-ST-ZIP SURFSIDE FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE: *Nevenka Matorcevic*
DATE: 1/15/97 DAYTIME PHONE #

CR2E034 (9/96)