

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000025110 (4)

1. Corporation Name

ZEBRA INTERNATIONAL, INC.



Principal Place of Business

888 S.E. THIRD AVE.
SUITE 400
FT. LAUDERDALE FL 33316

Mailing Address

888 S.E. THIRD AVE.
SUITE 400
FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified

03/29/1995

3a. Date of Last Report

2. Principal Place of Business

21 2717 E. OAKLAND PARK BLVD.

Suite, Apt. #, etc.

22 STE. 201

23 FT. LAUDERDALE, FL

City & State

24 33306

Country

2a. Mailing Address

26 17082 W. DIXIE HWY

Suite, Apt. #, etc.

27 N. MIAMI BEACH, FL

City & State

28 33160

Country

30 USA

4. FEI Number

65-0574309

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

BEHAR, LARRY J
888 S.E. THIRD AVE.
SUITE 400
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name JEFFREY ROY COHEN

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

17082 W. DIXIE HWY

83

84 N. MIAMI BEACH

FL

85 Zip Code 33160

11. Pursuant to the provisions of Sections 607.0505 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, sections 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, if not acceptable

NOTE: Registered Agent signature required when resigning

DATE

1/24/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BARBIER, JEAN
STREET ADDRESS 888 S.E. THIRD AVE. #400
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE ☐ DELETE

NAME J/P
STREET ADDRESS J/P
CITY-ST-ZIP J/P

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 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 registered 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN BARBIER

4-23-96

(914) 25-1002

Date

Daytime Phone #

CR2E034 (12/95)