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**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000028732 (2)

1. Corporation Name

ZIRCON INTERNATIONAL, INC.



Principal Place of Business

**8831 N.W. 194TH TERRACE
MIAMI FL 33015**

Mailing Address

**8831 N.W. 194TH TERRACE
MIAMI FL 33015**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BERNSTEIN, JEFFREY A
100 N. BISCAYNE BOULEVARD
SUITE 1707
MIAMI FL 33132**

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 607.1504, 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. The city, county and appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0504, Florida Statutes.

SIGNATURE

Signature of the person authorized to execute this statement

Signature of the person authorized to execute this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14 TITLE

15 NAME

16 STREET ADDRESS

17 CITY-STATE-ZIP

18 TITLE

19 NAME

20 STREET ADDRESS

21 CITY-STATE-ZIP

22 TITLE

23 NAME

24 STREET ADDRESS

25 CITY-STATE-ZIP

26 TITLE

27 NAME

28 STREET ADDRESS

29 CITY-STATE-ZIP

30 TITLE

31 NAME

32 STREET ADDRESS

33 CITY-STATE-ZIP

34 TITLE

35 NAME

36 STREET ADDRESS

37 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(a), Florida Statutes. I further certify that the information included on this form is not based on Supplemental Financial 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 and the person or persons who are authorized to execute this statement are named in the certificate of incorporation of the corporation, and that my name appears in Block 12 or Block 13 if changed, on an attachment with a mailing address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY LEE

APR 1ST 1996

829-3104

CR2E034 (12/95)