

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

10f2

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 AUG -4 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000042881 (9)

1. Corporation Name
ZP TRADING & CONSULTANT CORP.

Principal Place of Business

7135 COLLINS AVE.
#S-1105
MIAMI BEACH FL 33141

Mailing Address

7135 COLLINS AVE.
#S-1105
MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/02/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0584867	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 7455 Collins Ave	26 141 NE 3RD AVE
22 Suite, Apt. #, etc. S-207	27 9TH FLOOR
23 City & State MIAMI BEACH FL	28 MIAMI FL
24 Zip 33141	29 33132
Country	30 DADE

9. Name and Address of Current Registered Agent

PILLONETTO, VERILDO
7135 COLLINS AVE.
#S-1105
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name B & L BUSINESS LEGAL
82 Street Address (P.O. Box Number is Not Acceptable) 141 NE 3RD AVE
83 9TH FLOOR
84 City MIAMI
85 Zip Code 33132

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 (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
TITLE PD	
NAME PILLONETTO, VERILDO	
STREET ADDRESS 7135 COLLINS AVE. #S1105	
CITY-ST-ZIP MIAMI BEACH FL 33141	
TITLE VD	<input type="checkbox"/> DELETE
NAME PILLONETTO, NILCE	
STREET ADDRESS 7135 COLLINS AVE. #S1105	
CITY-ST-ZIP MIAMI BEACH FL 33141	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE P.D.	
1.2 NAME PILLONETTO VERILDO	
1.3 STREET ADDRESS 7135 COLLINS AVE S 1003	
1.4 CITY-ST-ZIP MIAMI BEACH FL 33141	
2.1 TITLE VD.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME PILLONETTO NILCE	
2.3 STREET ADDRESS 7135 COLLINS AVE S 1003	
2.4 CITY-ST-ZIP MIAMI BEACH FL 33141	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E034 (4/97)

2012

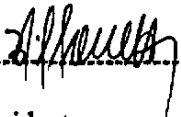
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir/Ms.:

Per instructions from the Division of Corporations, I am attaching a check in the amount of \$165.00 for the Annual Report fee.

I also state that I have not received the first notice from the Division of Corporations.

Thank you for your courtesy in this matter.



President