

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000047365 (8)

1. Corporation Name
ZIGOR 33, INC.



Principal Place of Business 1124 N.W. 130 TERRACE SUNRISE FL 33323	Mailing Address 1124 N.W. 130 TERRACE SUNRISE FL 33323-2031
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3. Date Incorporated or Qualified 06/19/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 1263 GARDEN ROAD Suite, Apt. #, etc. 22 City & State 23 WESTON Zip 24 33326	2a. Mailing Address 26 1263 GARDEN ROAD Suite, Apt. #, etc. 27 City & State 28 WESTON Zip 29 33326	4. FEI Number 65-0592702 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

GUTIERREZ, KOLDOBIKA
1124 N.W. 130TH TERRACE
SUNRISE FL

10. Name and Address of New Registered Agent

81 Name GUTIERREZ KOLDOBIKA	85 Zip Code 33326
82 Street Address (P.O. Box Number is Not Acceptable) 1263 GARDEN ROAD	
83	
84 City WESTON	FL

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

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


(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KOLDOBIKA, GUTIERREZ 1124 N.W. 130 TERRACE SUNRISE FL 33323	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/S/T KOLDOBIKA, GUTIERREZ 1263 GARDEN ROAD WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 change is on an attachment with an address.

SIGNATURE:


KOLDOBIKA GUTIERREZ

04/20/96 (954) 385 8711

Date

Daytime Phone #

0262902

CR2E034 (9/96)