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

PROFIT
CORPORATION
*ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000059406 (5)

ZIPPER YIDI CORP.

Mailing Address

FILED Apr 23 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing	Mailing Address					a contribut tra sustant anni anni anni anni abrat anti anni anni anti anti anti anti an					
MICHAEL ORTIZ 2685 S. BAYSHORE DRIVE. SUITE 902		2665 S.	% MICHAEL ORTIZ 2665 S. BAYSHORE DRIVE. SUITE 902 MIAMI FL 33133				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified						
MIAMI FL 33133		MIAMI I											
							- 1	•				1	
2 Principal P	lace of Business	2n Mail	ing Address				 	08/01/1995 FEI Number					
21	RECO OF EDGS/FIDGS	}—₁	- 1				••	****			Applied		
Sulte, Apt.	# efc		Suite, Apt. #, etc.				+	65-0597932		60 7	Not App		
22	# ₁ O(O.	├ -7	 -1				5.	Certificate of Status Desired	_	•	5 Additio		
City & Stat	Α	27 City	City & State								Require		
23	•	├ ٦ ´	——————————————————————————————————————					Election Campaign Financing	٦		00 May I		
Zip	Country	Zip	Zip Country								ed to Fee		
24	25	-¬ '			J			This corporation owes or has paid to			Intangib No	le	
27	9. Name and Address of Currer							Personal Property Tax due June 30 Name and Address of New Regis		Yes	LI NO		
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	TIZ, MICHAEL				- [Humo							
	15 S. Bayshore Drive 1E 902					Street Add	ress (P.	O. Box Number is Not Acceptable)					
1	MI FL 33133				83			· · · · · · · · · · · · · · · · · · ·	•	-			
					84	City				85 Z	ip Code		
44 Duggioni	to the provisions of Continue CO2 (0500 oud 007 15	00 Elected 0 (-)						FL	ĻĻ			
l Office or r	eoistere d agent, or both, in the St	ale of Florida, Sc	ich change was	authorizad	lhu	the corporal	poration tion's be	n submits this statement for the purpoard of directors. I hereby accept the	ose of d ne appoi	hangin intment	g its regi: .as regist	stered	
agent. I a	m familiar with, and accept the ob	digations of, Sec	tion 607.0505, F	lorida Statu	ıtes.	•		,,,,,,	is appear		uo .eg.e.		
SIGNATURE													
12.	Signature, typed or printed name of registered	AND DIRECTOR		TE: Registered	Agen	n signature requi		-	DATE			1	
TITLE	D OFFICENS	AND DIRECTOR	DELETE	1.1 Till		<u>1</u>	A	DDITIONS/CHANGES TO OFFICER					
NAME	SLEBI, ROBERTO Y		F-1 OLUCIE						L	_j Chang	je 🗀 i	Addition	
· ·	· · ·				1.2 NAME								
STREET ADDRESS	7030 N.W. 50TH STREET		1.3 STREET ADDRESS			ŀ						Į į	
CITY-ST-ZIP	MIAMI FL 33166				1.4 CITY-ST-ZIP					<u> </u>			
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NAME	ORTIZ, MICHAEL			3.2 NAN	νE								
STREET ADDRESS	2665 SO. BAYSHORE DR.,	#902		3.3 STR	REET A	ADDRESS							
CITY-ST-ZIP	MIAMI FL			3.4. CIT	<u>Y-</u> S1	1- ZIP						Ì	
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14. I 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 eath; 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.

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