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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000064512 (3)

ZIA TRADITIONS, INC.

Principal Place of Business

1901 NORTH ANDREWS AVENUE 1901 NORTH ANDREWS AVENUE #220 FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311-3928 Date Incorporated or Qualified 08/21/1995 3a. Date of Last Report 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0613237 21 26 Not Applicable Suite, Apt. #, etc. Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Żιρ Country Country 2ip 8. This corporation has liability for intengible tax under s. 199.032, Yes 🗌 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PACITTI, DONNA J 81 Name 1901 NORTH ANDREWS AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 #220 FT. LAUDERDALE FL 33311 в3 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or ρ is too can elof nigotored agent and the flappicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE DILE 11 TITLE Change Addition PACITTI, DONNA J NAME 1.2 NAME 1901 NORTH ANDREWS AVE. #220 13 STREET ADDRESS STREET ACCRESS FT. LAUDERDALE FL 33311 CITY-ST-7/F 1.4 CITY - ST-ZIP DELETE Addition HILE 21 TITLE Change PACITTI, JOANNE M NAME 2.2 NAME 1901 NORTH ANDREWS AVE. #220 STREET ADDRESS 2.3 STREET ADDRESS $\langle \cdot, \cdot \rangle$ FT. LAUDERDALE FL 33311 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIF 3.4. CITY - ST - ZIP DELETE Change Addition TiTLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY- \$1-ZIP 4.4 CITY-ST-ZIP DELETE TIFLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY - ST - ZIP TITLE DELETE Change Addition 6.1 TITLE

NAMÉ

STREET ADDRESS

CHY-SI-ZIF

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.

FILED

Jan 28 1997 8:00am

Secretary of State

(96/6)CR2E034