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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000070173 (6) **DOCUMENT #** 1. Corporation Name

ZOOM-TECH, INC.

Mailing Address Principal Place of Business 4160 W 16 AVENUE STE 303 4160 W 16 AVENUE STE 303 HIALEAH FL 33012 HIALEAH FL 33012 3a. Date of Last Report 3. Date Incorporated or Qualified 09/12/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 1699 W62 ST 1699 W 62 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State FL H. ALEAH Trust Fund Contribution Added to Fees HIALEAN 23 8. This corporation has liability for intangible tax under s. 199.032, Country DADE Country 2435 Zin 33012 Yes No Florida Statutes 33012 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MORALES, JESUS T 82 1699 W 62 STREET 63 HIALEAH FL 33012 85 Zip Code 84 City 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 or poration's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the options of Section 607.0505, Florida Statutes. JESUS T MORALOS SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.04 8 TIFLE 1.2 NAME MQRALĖS, JESUS T NAME 1699 W 62 ST 1.3 STEELT ADDRESS STREET ADDRESS 1.4 CIT + - ST - ZIP HIALEAH FL 33012 CITY - ST - ZIP [] Change Addition DELETE 2 1 III.E TIFLE 2.2 NALJE NAME 2.3 STEEL ADDRESS STREET ADDRESS 2.4 CITY - S* - Z-P CITY-ST-ZIP ☐ Change Addition DELETE 3 1 TH .E TITLE 3.2 NA 4E NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - 7IP CITY-S1-ZIP ☐ Addition DELETE 4 1 TI LE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CIT Y - ST - ZIF CITY-ST-ZIP ■ Addition DELETE 5 1 T: LF THILE 5.2 NAME NAME 5.3 STREET ACORESS STREET ADDRESS 54 CLY-SE-ZIP CITY-ST-ZIP Add-tion DELETE 6 1 THE TITLE 6.2 N/ VE NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CIRY - ST- ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and soes not qualify for the exemption stated in Section 119.07(3)(k). 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 certify that I am an officer or director of the comparation or the receiver or trustee empowe ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes 1, or on an attrictment with an arkiness.

JESUS T MORAUGS

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC OR

CR2E034 (12/95)