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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000076359 (5)

Z & G SERVICES, INC. Principal Place of Business Mailing Address 6915 S.W. 57 AVE. 6915 S.W. 57 AVE. STE. 204-A STE, 204-A DO NOT WRITE IN THIS SPACE MIAMI FL 33143 MIAMI FL 33143 3. Date Incorporated or Qualified 10/05/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65:0612941 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be ÷ Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HERNANDEZ, NESTOR 6915 S.W. 57 AVE. Street Address (P.O. Box Number is Not Acceptable) STE. 204-A 83 MIAMI FL 33143 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change TITLE 1.1 TITLE NAME 1.2 NAME HERNANDEZ, NESTOR STREET ADDRESS 6915 S.W. 57 AVE., STE. 204-A 1.3 STREET ADDRESS MIAMI FL 33143 CITY_ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2, 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE NAME 6.2 NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 crisinged, or on an attachment with an address.

6.3 STREET ADDRESS

(305)669-1103 SIGNATURE:

12E034

FILED

Jan 20 1998 8:00am

Secretary of State