

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra D. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 19 1998 8:00am
Secretary of State

DOCUMENT # P95000078755 (2)

1. Corporation Name

ZAKO ENTERPRISES, INC.

Principal Place of Business

**10269 SW 139th Court
Miami FL 33186**

Mailing Address

**10269 SW 139th Court
Miami, FL 33186-6894**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1995

4. FEI Number

65-0620703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30 ☒ Yes ☐ No

2. Principal Place of Business

21 2098 NW 20th Street

2a. Mailing Address

26 2098 NW 20th Street

Suite, Apt. #, etc.

#7

Suite, Apt. #, etc.

#7

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33142

Country

Zip

29 33142

Country

30

9. Name and Address of Current Registered Agent

**PONCE, JACQUELINE
10269 SW 139th Court
Miami, FL 33186**

10. Name and Address of New Registered Agent

81 Name

SACCO, MILENA JACQUELINE

82 Street Address (P.O. Box Number is Not Acceptable)

2098 N.W. 20th Street #7

83

84 City

Miami

FL

85 Zip Code

33142

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, 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	SACCO, OSVALDO
STREET ADDRESS	10269 SW 139th Court
CITY - ST - ZIP	Miami, FL 33186
TITLE	TD <input type="checkbox"/> DELETE
NAME	PONCE, JACQUELINE
STREET ADDRESS	10269 SW 139th Court
CITY - ST - ZIP	Miami, FL 33186
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	FERNANDOIS, ELSA
STREET ADDRESS	10269 SW 139th Court
CITY - ST - ZIP	Miami, FL 33186
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SACCO, OSVALDO
1.3 STREET ADDRESS	2098 NW 20th Street #7
1.4 CITY - ST - ZIP	Miami, FL 33142
2.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SACCO, MILENA JACQUELINE
2.3 STREET ADDRESS	2098 NW 20th Street #7
2.4 CITY - ST - ZIP	Miami, FL 33142
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	100002529261
4.3 STREET ADDRESS	-05/19/98--01061--014
4.4 CITY - ST - ZIP	***150.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 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 or on an attachment with an address.

SIGNATURE: **X**

Osvaldo Sacco 4/28/98 (605) 325-9240