

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 06 1997 8:00am  
Secretary of State

DOCUMENT # **P95000094770 (1)**

1. Corporation Name

**ZEIB INTERNATIONAL INC.**



Principal Place of Business

**9410 SW 103 AVE  
MIAMI FL 33178**

Mailing Address

**9410 SW 103 AVE  
MIAMI FL 33178-1612**

3. Date Incorporated or Qualified

**12/12/1995**

3a. Date of Last Report

**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

**65-0626475**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOHAMMED, NAUSHAD I  
9410 SW 103 AVE  
MIAMI FL 33178**

81 Name

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

83

84 City

**FL**

85 Zip Code

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature and printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **NAUSHAD, IMAM MOHAMMAD**  
STREET ADDRESS **9410 S.W. 103RD AVE.**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **VP** ☐ DELETE

NAME **MASROOR, ZAKIA**  
STREET ADDRESS **9410 S.W. 103RD AVE.**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **M** ☐ DELETE

NAME **MASROOR, ZAKIA**  
STREET ADDRESS **9410 S.W. 103RD AVE.**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 or changed, or on an attachment with an address.

SIGNATURE:

**NAUSHAD IMAM MOHAMMED**

**04/26/97**

**(305)274-3979**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0240235

CR2E034 (9/96)