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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000007117 (0)

D'ZAMORA COMPANY, INC.

Principal Place of Business

SIGNATURE:

5757 BLUE LAGOON DRIVE

Mailing Address

5757 BLUE LAGOON DRIVE

FILED May 18 1998 8:00am Secretary of State



MIAMI FL 33126 DO NOT WRITE IN THIS SPACE MIAMI FL 33126 3. Date Incorporated or Qualified 01/23/1996 4. FEI Number 2, Principal Place of Business 2a, Mailing Address Applied For 21 5757 BILLE CAGOW DC 26 5757 BILLE LAGOON DC. Suite, Apr. #, etc. 65-0640589 Not Applicable \$8.75 Additional 6. Certificate of Status Desired П Fee Required 22 SUITE 301 27 SUITE City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 miami MIAMI DC Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible 25 USA Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ZAMORA, MARIO 13519 SOUTH WEST 116TH PL. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 5757 BILLE CAGOON DR. SUITE Zip Code 33/26 11. Pursuant to the provisions of Sections 607.05.02 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, typed or protect have of recestived agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DPS DELETE TITLE Change Addition 1.1 TITLE ZAMORA, MARIO 1.2 NAME NAME 13519 SOUTH WEST 116TH PL STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33176** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition ZAMORA, RACHEL 2.2 NAME 13519 S.W. 192 PLACE STREET ADDRESS 2.3 STREET ADDRESS MIMA! FL 33176 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DEI ETE Change Addition 3.1 TITLE ZAMORA, ANDREZ NAME 3.2 NAME 13519 S.W. 116 PLACE STREET ADORESS 3 3 STREET ADDRESS **MIAMI FL 33176** CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE DAVID, RICHARD 4. 2 NAME 13519 S.W. 116 PLACE STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL 33176 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE NAME 5 2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP TITLE DELETE 61 101 F Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 14. Thereby 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.