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 # P96000016699 (6)

ZAPATON ENTERPRISES, INC.

FILED May 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Addross					jf		
1398 N.W. 54TH STREET 1398 N.W. 54TH STREET							
MIAMI FL 33142 MIAMI FL 33142					DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified			
				•	02/22/1996		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied Fo	or	
21		26			65-0674913 Not Applic	able	
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired S8.75 Additions	al	
22		27			Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution	,	
Zip Country		28 Zip	Zip Country		8. This corporation owes or has paid the current year Intangible		
24	25	29	30	,	Personal Property Tax due June 30. Yes No	1	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PORTILLA, SAUL 81 Nar					RICAKDO TABOADA	İ	
	98 N.W. 54TH ST.		82		ess (P_O_Box Number, is Not Acceptable)		
MI	AMI FL 33142				1598 NIW SHT ST.		
l	,		8:	3			
	la la		8	4 City	85 Z12C9d916	2/	
A Discount to the provision of the Co. 2012 and 622 11/09 Elevide Statutes the phase period covered by shrift this statement for the purpose of charming						hare	
11. Pursuant to the provisions of footors 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 toolty in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, any accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
Stgmature, type por funto them by it requires a flag of and take it apply also (NOTE Regis				gent signatura require			
12.	T POTTICORS A	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	TABOADA, RICARDO	בן טנננונ	1.1 TILLE 1.2 NAME		Orlange Au	Jacon	
STREET ADDRESS	AID 1000 NIN CITH OT			T ADDRESS			
CITY-ST-ZIP	MANUEL OCAAO		1.4 CiTY-	1			
TITLE	111111111111111111111111111111111111111	DELETE	2.1 TITLE		☐ Change ☐ Add	dilion	
NAME			2 2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY	- ST-ZIP			
TITLE		DECETE	L_I DELETE 3.1 TITLE		Change Ad	dilion	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS			- 1	
City-St-ZiP		DELETE	3.4. CITY		Change Ad	dition	
TITLE NAME			4 1 TITLE 4. 2 NAM		ت مسود ت	2,001	
						- 1	
CITY OF 7/0	TY-ST-ZIP		4.3 STREET ADDRESS 4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 THILE		Change Ado	dition	
NAME			5.2 NAME			- 1	
STREET ADDRESS				T ADDRESS		1	
CITY-ST-ZIP			5.4 CITY	i			
TITLE		DELETE	6.1 TITLE		Change Ad	dition	
NAME			62 NAMI	.			
STREET ADDRESS			6.3 STRE	et address			
CITY-ST-ZIP			6.4 C/TY	ST-ZIP			
14. I hereby	certify that the information supplied	i with this filing does not quality	for the exem	ption stated in t	Section 119.07(3)(i), Florida Statutes. I further certify that the informa	tion	

unital 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address.