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

. PROFIT CORPORATION ANNUAL REPORT

1997

115

を受けている。 これのでは、これの

(養養) 衛門本部門 等職門人数可以聽聞人也一日日前門

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED

97 APR -3 AH 11: 35

DOCUMENT # P96000021290

Zi	lon Enterprises, Inc.				SECRETARY OF	F STATE    <b> Thirthiaa  </b>	
Principal Place of Business 14123 Southwest 66 Street Suite E4 Miami, Florida 33183  Mailing Address 14123 Southwest 66 Suite E4 Miami, Florida 33183				treet	# 150 MID 1810 1810 1810 1811 1811 1811 1811	A BONN BONN CHAR DANN DIDIN BON ROW	
	·				3. Date Incorporated or Qualified 03/08/1996	3a. Date of Last Report	
<del>1</del>	Place of Business	2a. Mailing Address			4. FEI Number 65-0649649	Applied For Not Applicable	
<del></del>		Suite, Apt #, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & Sta	10	City & State			6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	[28]	Country	<del>,</del>	Trust Fund Contribution  8. This corporation has liability for		
24	25	29 30	0		Florida Statutes	☐ Yes ☐ No	
	g, Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
AMERI	LAWYER CHARTERED		81	Name			
343 Almeria Avenue				82 Street Address (P.O. Box Number is Not Acceptable)			
Coral Gables, Florida 33134				<del> </del>			
			84	City		85 Zip Code	
						<b>F_L</b>	
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, lyped or printed name of rep stered agent	aport 6	<del> </del>		quired when reinstaling)	DATE	
12.	OFFICERS AND		13.	en signature rec	ADDITIONS/CHANGES TO OFFIC	<del></del>	
TOLE	PTD	☐ DELETE	1.1 THTLE			Change Addition	
NAME	Jonathan W. Jones	1	1.2 NAME		4000021;	324443	
STREET ADDRESS			1.3 STREET	ADDRESS	-04/03/9701034026 ****165.00 ****165.00		
CITY-ST-ZIP			1.4 CITY - S	T-ZIP	ক্ৰক100,		
TITLE	SVD	☐ DELETE	2.1 TITLE	- 1		Change Addition	
NAME	Robert Izquierdo		2.2 NAME		•		
STREET ADDRESS	14123 Southwest 66 S   Miami, Florida 33183	treet, Suite E4	2.3 STREET				
CITY-ST-ZIP TITLE	Miami, F10.F1da .33163	DELETE	2. 4 C/TY - S 3.1 T/TLE	SI-ZIP		Change Addition	
NAME			3.2 NAME	ľ		THE CHANGE THE PROPERTY.	
STREET ADDRESS		i	3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY - S	ST-ZIP			
TITLE		☐ DELÉTÉ	# 1 TITLE		777	☐ Change ☐ Addition	
NAME			1.2 MAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP		The ste	4.4 CITY - S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
HAME STREET ADDRESS			5.2 NAME 5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CH 1 - 5		Zi i		
TITLE	·	DELETE	61 Trill	- 211	And lon	Change Addition	
NAME			6.2 NAME		749/10/1		
CTOCCT ADDDCCC			* * ******	1000000	ルフ カルノロー	ļ	

64 CITY-ST-ZIP

14. Ido 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 if changed, or on an attachment with an address.

4-1-97

alle 11