

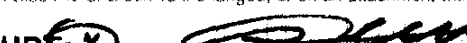


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000023129 (5) 1. Corporation Name ZENITH ENTERPRISES, CORP.			
Principal Place of Business 5800 SW 135 AVENUE #104B MIAMI FL 33183		Mailing Address 5800 SW 135 AVENUE #104B MIAMI FL 33183	
2. Principal Place of Business 21 7380 S.W. 161 PLACE, Suite, Apt. #, etc.		2a. Mailing Address 26 7380 S.W. 161 PLACE Suite, Apt. #, etc.	
22 City & State 23 MIAMI - FLORIDA		2a. City & State 26 MIAMI - FLORIDA	
24 33193 Country 25 DADE		2a. City & State 26 MIAMI - FLORIDA 29 33193 Country 30 DADE	
9. Name and Address of Current Registered Agent FERRER, OSVALDO 5800 SW 135 AVENUE #104B MIAMI FL 33183			
10. Name and Address of New Registered Agent 81 Name FERRER OSVALDO 82 Street Address (P.O. Box Number is Not Acceptable) 7380 S.W. 161 PLACE 83 84 City MIAMI FL 85 Zip Code 33193			
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  OSVALDO FERRER. 4/7/97 - (NOTE: Registered Agent signature required when reinstating)			
12. PRESIDENT, OFFICERS AND DIRECTORS TITLE OSVALDO FERRER. <input type="checkbox"/> DELETE NAME 7380 S.W. 161 PLACE, STREET ADDRESS MIAMI - FL - 33193 CITY - ST - ZIP TITLE SECRETARY - TREAS. <input type="checkbox"/> DELETE NAME MARLENE FERRER. STREET ADDRESS 7380 S.W. 161 PLACE, CITY - ST - ZIP MIAMI - FL - 33193 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP 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 <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 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 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 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 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 if changed, or on an attachment with an address. SIGNATURE  OSVALDO FERRER. 4/7/97 - (305) 388-5219 PRESIDENT SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CP2E034 (9/96)