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Apr 30 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 # P96000026311 (6)

1. Corporation Name
ZIMAK INCORPORATED

Principal Place of Business
6005 NORTHWEST 170TH TERRACE
MIAMI FL 33015

Mailing Address
6005 NORTHWEST 170TH TERRACE
MIAMI FL 33015-4849



3. Date Incorporated or Qualified
03/25/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

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

Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 typed or printed name of registered agent and title 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
NAME ONONUJU, CHRISTOPHER U
STREET ADDRESS 6005 NORTHWEST 170TH TERRACE
CITY- ST- ZIP MIAMI FL 33015

1.1 TITLE D
1.2 NAME ONONUJU OKECHUKWU
1.3 STREET ADDRESS 6005 NW 170 TERRACE
1.4 CITY- ST- ZIP MIAMI FL 33015

TITLE VD
NAME ONONUJU, MAUREEN N
STREET ADDRESS 6005 NORTHWEST 170TH TERRACE
CITY- ST- ZIP MIAMI FL 33015

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE SD
NAME ONONUJU, CHIJIOKE A
STREET ADDRESS 6005 NORTHWEST 170TH TERRACE
CITY- ST- ZIP MIAMI FL 33015

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE D
NAME ONONUJU, ANIEMEKA P
STREET ADDRESS 6005 NORTHWEST 170TH TERRACE
CITY- ST- ZIP MIAMI FL 33015

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE D
NAME BOYE, CHINYELU B
STREET ADDRESS 6005 NORTHWEST 170TH TERRACE
CITY- ST- ZIP MIAMI FL 33015

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE D
NAME OKOLIE, NKECHI T
STREET ADDRESS 6005 NORTHWEST 170TH TERRACE
CITY- ST- ZIP MIAMI FL 33015

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 13, as changed, or on an attachment with an address.

SIGNATURE: *[Signature]* (MAUREEN ONONUJU) 04/24/97 305 828 0015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)