

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1996

4. FEI Number

65-0654214

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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 ☐ DELETE

1.1 TITLE T
1.2 NAME ONONUJU, IBEZIMAKO
1.3 STREET ADDRESS 6005 NORTHWEST 170TH TERRACE
1.4 CITY-ST-ZIP MIAMI FL 33015 ☐ Change ☒ Addition

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

2.1 TITLE D
2.2 NAME ONONUJU, OKECHUKWU
2.3 STREET ADDRESS 6005 NORTHWEST 170TH TERRACE
2.4 CITY-ST-ZIP MIAMI FL 33015 ☐ Change ☒ Addition

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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 or both, or on an attachment with an address.

SIGNATURE: [Signature] (VP)

04/13/98 (305) 828-0015

CR2E034 (10/97)