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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000032679 (8)

ZENDERMAN GROUP, INC.

Principal Place of Business Mailing Address 727 FAIRWAY DR. 727 FAIRWAY DR. MIAMI BEACH FL 33147 MIAMI BEACH FL 33141-2421 3. Date Incorporated or Qualified 3a. Date of Last Report 04/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Added to Fees **Trust Fund Contribution** Zip Country 8. This corporation has liability for intengible tax under s. 199.032, Yes 24 25 ☐ No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZENDERMAN, ENRIQUE 727 FAIRWAY DR. Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33147 83 R4 City 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 a gnature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE DUE Change ___ Addition ZENDERMAN, ENRIQUE NAME 1.2 NAME 727 FAIRWAY DR. STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33147 CHTY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TOLE 2.1 TITLE Change Addition ZENDERMAN, MARCELA 2.2 NAME 727 FAIRWAY DR. STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL 33147 CITY -ST-76 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ACIDRESS 3.3 STREET ADDRESS CITY-ST-7-P 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE THE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C:TY - ST - 2IP DELETE TITLE 61 TITLE Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 C-TY-ST-ZIP

CHY-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.

FILED

May 30 1997 8:00am

Secretary of State