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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600045865 (8)

ZAMBRANO CORPORATION

FILED Apr 28 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address		1 166 11641 119 1811E \$1111 \$3111 86111 \$6111 88111 \$1564 \$1181 [911] \$1197 \$1197 \$1197		
1056 N.W. 124TH TERRACE		1056 N.W. 124TH TERRACE					
BUNRISE FL 3	3323	SUNRISE FL 33323-	1169				
					3. Date Incorporated or Qualified	3a. Date of Last	Bonart
					05/30/1996	15t Rel	
2. Principal P	lace of Business	2a, Mailing Address			4. FEL Number		Applied For
21		26			65-066 8977		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		SR 75 Additional			
22		27		5. Certificate of Status Desired		Required	
City & State		City & State		6. Election Campaign Financing			
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for		
24	25	29	30			Yes No	G. 135.052,
	9. Name and Address of Currer				10. Name and Address of New Re		
ZAM	IBRANO, ARADIO F		81	Name		- · · · · · · · · · · · · · · · · · · ·	
1056 N.W. 124TH TERRACE							
	IRISE FL 33323		82 Street Add		ress (P.O. Box Number is Not Acceptat	ole)	
	HIDE I C 00020		83	 ,			
			84	City		FL 85 Zip	Code C
Ad Discount	to the manifeless of Continue COZ O(C	00 4 007 4000 FIS-SIL	Cint des die els els		and the state of t		
office or r	egistered agent, or both jighte State	of Flerida Such change	was authorized by	the corporal	poration submits this statement for the patients board of directors. I hereby acception's board of directors.	of the appointment a	is registered
agent. I a	priamilar with, and accept the oblig	ations of Section 607.05	05 Florida Statutes		11	halas	
SIGNATURE	wader om	un Masi	war-			(2219)	
12.		est and title if applicable D DIRECTORS	(NOTE: Registered Age	nt signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE PROFESTOR	NDC IN 12
TITLE	PO OFFICERS AIN	DELET			ADDITIONS/CHANGES TO OFFIC	Change	
	ZAMBRANO, ARADIO F	—				Change	Aodinon (
NAME	1056 N.W. 124TH TERRACE		1.2 NAME				
STREET ADDRESS	SUNRISE FL 33323		1.3 STREET ADDRESS				
CITY-ST-ZIP	GOTTHIOL I C GGGEG	☐ DELFT	1.4 CiTY - \$1	I - ZIP		T Chance	Addition (
TITLE						☐ Change	Addition
NAME			2.2 NAME				ļ
STREET ADDRESS			2.3 STREE1				j
CITY-ST-ZIP			2. 4 CITY - S	T - ZIP	\$11.1	¥	
TITLE		L DELET				Change	Addition
NAME			3.2 NAME				}
STREET ADDRESS			3.3 STREET	ADDRESS			
CATY-ST-ZIP	:		3.4. CITY - S	I-ZIP			
TITLE		☐ DELE				Change	: L_ Addition
NAME	••		4. 2 NAME				
STREET ADDRESS			4.3 \$1REE1	ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST	I - ZIP			
TITLE		☐ DEFE.	E 5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 C/TY-S1	I - ZIP			
TITLE		DELE.	E 61 TITLE			☐ Change	: Addition
NAME			62 NAME				
STREET ADDRESS			6 3 STREET	ADDRESS			
CITY-ST-ZIP	· 潜, 争		64 CITY-S				
0111131-14F		at the Att of	0.4 0111.3	411		- I f - ab	- (1)

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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee empewered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an information with an address.

CIONIATUDE.

Pacida 4

4/21/17

954.761.2101