

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

99 AR

FILED
 99 JUN 22 AM 9:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000078851**

1 Corporation Name
Buenos Aires Law, Inc.

Principal Place of Business Mailing Address
c/o Jorge O. Chueco
8045 Abbot Avenue, #19
Miami Beach, FL 33141

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--------------------------------------|--|--|--|
| 2 New Principal Office Address, If Applicable | | 3 New Mailing Address, If Applicable | | 4 Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5 FEI Number | |
| City & State | | City & State | | Applied For | |
| Zip | | Country | | Not Applicable | |
| | | | | 6 CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | |
| | | | | \$8.75 Additional Fee required for a Certificate of Status | |

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|-----------------------|
| P/S/T | Jorge O. Chueco | 8045 Abbot Avenue, #19 | Miami Beach, FL 33141 |
| | | | |
| | | | |
| | | | |

~~500002915895-8~~
 -06/25/99-01065-013
 *****550.00 *****550.00

~~500002915895-8~~
 -06/25/99-01065-014
 *****8.75 *****8.75

| | | | |
|---|--|--|--|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| Jorge O. Chueco 8045 Abbot Avenue, #19 Miami Beach, FL 33141 | | Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc. _____ City _____ State FL Zip Code _____ | |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent _____
 REGISTERED AGENT MUST SIGN _____

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

See other side for information on intangible tax.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of this corporation or trustee empowered to execute this application as provided for in chapter 607 of the F.S. I further certify that when this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. and that the fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if signed under oath.

SIGNATURE: *Jorge O. Chueco*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/99 @

0102967

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

93 JUN 22 AM 8:47

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DOCUMENT # P93000050951

1. Corporation Name ZENI K. HABIF, INTERIOR DESIGN, INC.

Principal Place of Business 319 NW 25TH STREET MIAMI FL 33127 Mailing Address 319 NW 25TH STREET MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 26 27 28 29 30

3. Date Incorporated or Qualified 07/16/1993 4. FEI Number 65-0423721 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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent ZARCO, ROBERT ZARCO & ASSOCIATES PA 100 SE 2ND STREET 21ST FLOOR MIAMI FL 33131

10. Name and Address of New Registered Agent 81 Name LEE TEICHNER 82 Street Address (P.O. Box Number is Not Acceptable) 83 501 NE 1st AVE 84 City MIAMI FL 85 Zip Code 33132

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 6-10-99

12. OFFICERS AND DIRECTORS 1. TITLE PSTD 2. NAME HABIF, MORENO 3. STREET ADDRESS 319 NW 25TH STREET 4. CITY-ST-ZIP MIAMI FL 33127

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 if changed, or on an attachment with my address, with all other like empowered

SIGNATURE: Signature and typed name of signing officer or director DATE: 6-10-99 DAYTIME PHONE #: (305) 5730967

CR2E034 (11/98)