


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	<div style="text-align: right; font-weight: bold; font-size: 1.2em;"> FILED 99 JUN 22 AM 9:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>
DOCUMENT # <u>P96000078851</u>		
1. Corporation Name Buenos Aires Law, Inc.		
Principal Place of Business c/o Jorge O. Chueco 8045 Abbot Avenue, #19 Miami Beach, FL 33141		Mailing Address
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country
		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For 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

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 607.05(4), F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 made under oath.

SIGNATURE:

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

3. Date Incorporated or Qualified

07/16/1993

4. FEI Number

65-0423721

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

LEE TEICHNER

6-10-99

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE

NAME **HABIF, MORENO**
STREET ADDRESS **319 NW 25TH STREET**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

700002914507--8

-06/24/99--01077--019

*****150.00 ***150.00**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)