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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000079418 1. Corporation Name

ZNZ INVESTMENT CORP.

FILED Jan 26, 1999 8:00am **Secretary of State**

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Principal Pla	ce of Business	Mailing Address				.	{	CORRECTION CRAFT
762 S.W. 133 ST 8762 S.W. 133 ST								
IIAMI FL 33176 MIAMI FL 33176								
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					3. Date Incorporated or Qualife	đ		
Principal i	Place of Business	2a, Mailing Address			09/24/1996 4. FEI Number		-1	
26					65-0709614			plied For
Suite, Apt	t. #. etc.	Suite, Apt. #, etc.			05-0709014			t Applicable
	•	27			5. Certificate of Status Desired	`	Fee Re	Additional equired
City & State City & State					6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·		
]		28			Trust Fund Contribution	' 🗆	\$5.00 Added t	
Zip	Country	Zip	Count	ry	8. This corporation owes the cu	rrent vear Intandi		
<u>, </u>	25	29	30		Personal Property Tax.	·		□No
	9. Name and Address of Cur				10. Name and Address of New	Registered Age	nt	
740			8	1 Name				
ZADOK, MIRIAM 8762 S.W. 133 ST				2 Street Add	dress (P.O. Box Number is Not Acceptable)			
					v r v r r r r r r r r r r r r r r r	abio)	**** * * * *	49
MIAMI FL 33176			8	3	· · · · · · · · · · · · · · · · · · ·	2 K 185 KG	11.119	THE STATE OF
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So of the Son	<u></u>	grave a grave		""		FLI		
1 Pursuant	t to the provisions of Sections 607.	0502 and 607.1508, Florida Statute	s, the abo	ve-named corp	poration submits this statement for the	purpose of char	nging its	registered
agent. I a	am familiar with, and accept the ob	ligations of, Section 607.0505, Flori	inonzeo b da Statute	y tne corporati s.	on's board of directors. I hereby acce	ept the appointme	ent as reg	jistered
IGNATURE								
<u> </u>	Signature, typed or printed name of registered			ent signature require	ed when reinstating)	DATE		
2. TLE	P	AND DIRECTORS	13.		ADDITIONS/CHANGES TO O			
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	, · · ·		1.2 NAME	į				
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4. 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 attantiment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.2 NAME

IGNATURE:

ME

TREET ADDRESS

TY-ST-ZIP

☐ Change

Addition