

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
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90145 036 ***150.00

DOCUMENT # P97000004869

1. Corporation Name
ZTM CORP.



Principal Place of Business
C/O ABRAMOWITZ, 444 BRICKELL
SUITE 1001
MIAMI FL 33131

Mailing Address
C/O ABRAMOWITZ, 444 BRICKELL
SUITE 1001
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1997

4. FEI Number

65-0743526

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

21 195 SW 15th Rd.

Suite, Apt. #, etc.

22 Suite 502

City & State

23 Miami, FL

Zip

24 33129

Country

25 USA

2a. Mailing Address

26 195 SW 15th Rd.

Suite, Apt. #, etc.

27 Suite 502

City & State

28 Miami, FL

Zip

29 33129

Country

30 USA

9. Name and Address of Current Registered Agent

ABRAMOWITZ, DAVID
444 BRICKELL
SUITE 1001
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Alan Rauzin

82 Street Address (P.O. Box Number is Not Acceptable)

195 SW 15th Rd.

83 Suite 502

84 City Miami

FL

85 Zip Code

33129

11. Pursuant to the provisions of Sections 607.0302 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 607.0509, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-00

12. OFFICERS AND DIRECTORS

TITLE PSD ☒ DELETE

NAME ABRAMOWITZ, DAVID
STREET ADDRESS 444 BRICKELL, SUITE 1001
CITY-ST-ZIP MIAMI FL 33131

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

1.1 TITLE Pres. Sec'y & Dir. ☒ Change ☐ Addition

1.2 NAME Alan Rauzin

1.3 STREET ADDRESS 4535 Nautilus Ct.

1.4 CITY-ST-ZIP Miami, FL 33140 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

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 an address, with all other like empowered.

SIGNATURE: ~~David Abramowitz~~ David Abramowitz 4/19/00 305/854-6622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Alan Rauzin 4-19-00 305/854-6622