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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000014752 (4)

ZOLYMAR, INC.

Principal Place of Business

SIGNATURF·K

Mailing Address

FILED Apr 02 1998 8:00am Secretary of State



2/11/98

9155 FOUNTAINEBLEAU BLVD.. #6 9155 FOUNTAINEBLEAU BLVD. #6 MIAMI FL 33172 MIAMI FL 33172 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/12/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 8. This corporation owes or has paid the current year Intardible Personal Property Tax due June 30. Yes No Zip Country Personal Property Tax due June 30. ☐ Yes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DIAZ. ZOILA R 9155 FOUNTAINEBLEAU BLVD., #6 Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33172** 83 Zip Code 8 City 85 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 (NOTE Registered Agent signature required when reinstating) Stgnature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition DIRECTOR 1,1 TITLE TITLE ZOILA R. DIAZ 1.2 NAME HAME STREET ADDRESS 9155 FOUNTAINE BIEAU AIND . #L 1.3 STREET ADDRESS HIAMI, FluRIDA 33172 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE DIRECTOR. HARTHA B. MAZA 9155 FONTAINEAIEAU BIVD #6 NIAMI, MORIBA BOITZ 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-St-ZiP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City-St-ZiP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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. CITY-ST-ZIP